

Attachment B

Application for Federal Assistance SF-424

* 1. Type of Submission:

Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application: * If Revision, select appropriate letter(s):

New
 Continuation
 Revision

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

A184340

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of Washington

* b. Employer/Taxpayer Identification Number (EIN/TIN):

91-6001537

* c. UEI:

NFJ3CMQ4B418

d. Address:

* Street1: 4333 Brooklyn Ave NE

Street2: Box 359472

* City: Seattle

County/Parish: WA

* State: WA: Washington

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 98195-9472

e. Organizational Unit:

Department Name:

Office of Sponsored Programs

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Carol

Middle Name:

* Last Name: Rhodes

Suffix:

Title: Director, Office of Sponsored Programs

Organizational Affiliation:

University of Washington

* Telephone Number: 2065434043

Fax Number:

* Email: osp@uw.edu

Application for Federal Assistance SF-424*** 9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Education

11. Catalog of Federal Domestic Assistance Number:

84.184

CFDA Title:

School Safety National Activities

*** 12. Funding Opportunity Number:**

ED-GRANTS-100422-002

* Title:

Office of Elementary and Secondary Education (OESE): Safe & Supportive Schools: Mental Health Service Professional Demonstration Grant Program, Assistance Listing Number 84.184X

13. Competition Identification Number:

84-184X2022-2

Title:

84.184X Mental Health Service Professional Demonstration

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

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*** 15. Descriptive Title of Applicant's Project:**

Washington State School Mental Health Service Professionals (WA-SMHSP) Demonstration Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant WA-007

* b. Program/Project WA-007

Attach an additional list of Program/Project Congressional Districts if needed.

Additional Congressional Districts.pdf

Add Attachment

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17. Proposed Project:

* a. Start Date: 01/01/2023

* b. End Date: 12/31/2027

18. Estimated Funding (\$):

* a. Federal	5,991,879.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	5,991,879.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)** Yes No

If "Yes", provide explanation and attach

Add Attachment

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21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

 ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text"/> Carol		
Middle Name:	<input type="text"/>				
* Last Name:	<input type="text"/> Rhodes				
Suffix:	<input type="text"/>				
* Title:	<input type="text"/> Director, Office of Sponsored Programs				
* Telephone Number:	<input type="text"/> 2065434043	Fax Number:	<input type="text"/>		
* Email:	<input type="text"/> osp@uw.edu				
* Signature of Authorized Representative:	<input type="text"/>	Completed by Grants.gov upon submission.	* Date Signed:	<input type="text"/>	Completed by Grants.gov upon submission.

Additional Congressional Districts: WA-004, WA-005, WA-009

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

University of Washington

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: Carol

Middle Name:

* Last Name: Rhodes

Suffix:

* Title: Director, Office of Sponsored Programs

* SIGNATURE: Completed on submission to Grants.gov

* DATE: Completed on submission to Grants.gov



**U.S. DEPARTMENT OF EDUCATION
BUDGET INFORMATION
NON-CONSTRUCTION PROGRAMS**

OMB Number: 1894-0008
Expiration Date: 09/30/2023

Name of Institution/Organization

University of Washington

Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.

**SECTION A - BUDGET SUMMARY
U.S. DEPARTMENT OF EDUCATION FUNDS**

Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel	231,425.00	232,539.00	231,797.00	233,167.00	236,859.00			1,165,787.00
2. Fringe Benefits	69,626.00	70,167.00	69,819.00	69,706.00	70,748.00			350,066.00
3. Travel	14,500.00	14,500.00	14,500.00	14,500.00	10,000.00			68,000.00
4. Equipment								
5. Supplies	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00			75,000.00
6. Contractual	105,000.00	105,000.00	105,000.00	105,000.00	105,000.00			525,000.00
7. Construction								
8. Other	600,000.00	600,000.00	600,000.00	600,000.00	600,000.00			3,000,000.00
9. Total Direct Costs (lines 1-8)	1,035,551.00	1,037,206.00	1,036,116.00	1,037,373.00	1,037,607.00			5,183,853.00
10. Indirect Costs*	161,154.00	161,766.00	161,363.00	161,828.00	161,915.00			808,026.00
11. Training Stipends								
12. Total Costs (lines 9-11)	1,196,705.00	1,198,972.00	1,197,479.00	1,199,201.00	1,199,522.00			5,991,879.00

*Indirect Cost Information (To Be Completed by Your Business Office): If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government? Yes No

(2) If yes, please provide the following information:

Period Covered by the Indirect Cost Rate Agreement: From: To: (mm/dd/yyyy)

Approving Federal agency: ED Other (please specify):

The Indirect Cost Rate is %.

(3) If this is your first Federal grant, and you do not have an approved indirect cost rate agreement, are not a State, Local government or Indian Tribe, and are not funded under a training rate program or a restricted rate program, do you want to use the de minimis rate of 10% of MTDC? Yes No If yes, you must comply with the requirements of 2 CFR § 200.414(f).

(4) If you do not have an approved indirect cost rate agreement, do you want to use the temporary rate of 10% of budgeted salaries and wages?

Yes No If yes, you must submit a proposed indirect cost rate agreement within 90 days after the date your grant is awarded, as required by 34 CFR § 75.560.

(5) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:

Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? The Restricted Indirect Cost Rate is %.

(6) For Training Rate Programs (check one) -- Are you using a rate that:

Is based on the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))? Or, Is included in your approved Indirect Cost Rate Agreement, because it is lower than the training rate of 8 percent of MTDC (See EDGAR § 75.562(c)(4))?

Name of Institution/Organization University of Washington		Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.						
SECTION B - BUDGET SUMMARY NON-FEDERAL FUNDS								
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel								
2. Fringe Benefits								
3. Travel								
4. Equipment								
5. Supplies								
6. Contractual								
7. Construction								
8. Other								
9. Total Direct Costs (lines 1-8)								
10. Indirect Costs								
11. Training Stipends								
12. Total Costs (lines 9-11)								
SECTION C - BUDGET NARRATIVE (see instructions)								

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Name of Institution/Organization University of Washington	Applicants requesting funding for only one year should complete the column under "Project Year 1." Applicants requesting funding for multi-year grants should complete all applicable columns. Please read all instructions before completing form.							
IF APPLICABLE: SECTION D - LIMITATION ON ADMINISTRATIVE EXPENSES								
(1) List administrative cost cap (x%): <input type="text"/>								
(2) What does your administrative cost cap apply to? <input type="checkbox"/> (a) indirect and direct costs or, <input type="checkbox"/> (b) only direct costs								
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Project Year 6 (f)	Project Year 7 (g)	Total (h)
1. Personnel Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Fringe Benefits Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Travel Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Contractual Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Construction Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Other Administrative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Total Direct Administrative Costs (lines 1-6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Indirect Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Total Administrative Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Total Percentage of Administrative Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ED 524

NOTICE TO ALL APPLICANTS

The purpose of this enclosure is to inform you about a new provision in the Department of Education's General Education Provisions Act (GEPA) that applies to applicants for new grant awards under Department programs. This provision is Section 427 of GEPA, enacted as part of the Improving America's Schools Act of 1994 (Public Law (P.L.) 103-382).

To Whom Does This Provision Apply?

Section 427 of GEPA affects applicants for new grant awards under this program. **ALL APPLICANTS FOR NEW AWARDS MUST INCLUDE INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS NEW PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.**

(If this program is a State-formula grant program, a State needs to provide this description only for projects or activities that it carries out with funds reserved for State-level uses. In addition, local school districts or other eligible applicants that apply to the State for funding need to provide this description in their applications to the State for funding. The State would be responsible for ensuring that the school district or other local entity has submitted a sufficient section 427 statement as described below.)

What Does This Provision Require?

Section 427 requires each applicant for funds (other than an individual person) to include in its application a description of the steps the applicant proposes to take to ensure equitable access to, and participation in, its Federally-assisted program for students, teachers, and other program beneficiaries with special needs. This provision allows applicants discretion in developing the required description. The statute highlights six types of barriers that can impede equitable access or participation: gender, race, national origin, color, disability, or age. Based on local circumstances, you should determine whether these or other barriers may prevent your students, teachers, etc. from such access or participation in, the Federally-funded project or activity. The description in your application of steps to be taken to overcome these barriers need not be lengthy; you may provide a clear and succinct description of how you plan to address those barriers that are applicable to your circumstances. In addition, the information may be provided in a single narrative, or, if appropriate, may

be discussed in connection with related topics in the application.

Section 427 is not intended to duplicate the requirements of civil rights statutes, but rather to ensure that, in designing their projects, applicants for Federal funds address equity concerns that may affect the ability of certain potential beneficiaries to fully participate in the project and to achieve to high standards. Consistent with program requirements and its approved application, an applicant may use the Federal funds awarded to it to eliminate barriers it identifies.

What are Examples of How an Applicant Might Satisfy the Requirement of This Provision?

The following examples may help illustrate how an applicant may comply with Section 427.

- (1) An applicant that proposes to carry out an adult literacy project serving, among others, adults with limited English proficiency, might describe in its application how it intends to distribute a brochure about the proposed project to such potential participants in their native language.
- (2) An applicant that proposes to develop instructional materials for classroom use might describe how it will make the materials available on audio tape or in braille for students who are blind.
- (3) An applicant that proposes to carry out a model science program for secondary students and is concerned that girls may be less likely than boys to enroll in the course, might indicate how it intends to conduct "outreach" efforts to girls, to encourage their enrollment.
- (4) An applicant that proposes a project to increase school safety might describe the special efforts it will take to address concern of lesbian, gay, bisexual, and transgender students, and efforts to reach out to and involve the families of LGBT students.

We recognize that many applicants may already be implementing effective steps to ensure equity of access and participation in their grant programs, and we appreciate your cooperation in responding to the requirements of this provision.

Estimated Burden Statement for GEPA Requirements

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit (Public Law 103-382). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or email ICDocketMgr@ed.gov and reference the OMB Control Number 1894-0005.

Optional - You may attach 1 file to this page.

Add Attachment

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Abstract

An abstract is to be submitted in accordance with the following:

1. Abstract Requirements

- Abstracts must not exceed one page and should use language that will be understood by a range of audiences.
- Abstracts must include the project title, goals, and expected outcomes and contributions related to research, policy, and practice.
- Abstracts must include the population(s) to be served.
- Abstracts must include primary activities to be performed by the recipient.
- Abstracts must include subrecipient activities that are known or specified at the time of application submission.

For research applications, abstracts also include the following:

- Theoretical and conceptual background of the study (i.e., prior research that the investigation builds upon and that provides a compelling rationale for this study).
- Research issues, hypotheses and questions being addressed.
- Study design including a brief description of the sample including sample size, methods, principals, and dependent, independent, and control variables, as well as the approach to data analysis.

[Note: For a non-electronic submission, include the name and address of your organization and the name, phone number and e-mail address of the contact person for this project.]

You may now Close the Form

You have attached 1 file to this page, no more files may be added. To add a different file, you must first delete the existing file.

* Attachment: WA SMHSP Abstract 10.31.22.pdf

Add Attachment

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View Attachment

ABSTRACT

The Washington State School Mental Health Service Professional (WA-SMHSP) Demonstration Project is a collaboration among the University of Washington Schools of Medicine and Social Work, the Office of the Superintendent of Public Instruction (OSPI), WA Association of School Social Workers (WASSW), and WA's five Institute of Higher Education (IHE)-based social work training programs.

Objectives:

1. Increase the number of qualified school mental health (SMH) service professionals (SMHSPs) from diverse backgrounds who work in high-need LEAs;
2. Provide high-quality training to SMHSPs on SMH and inclusive practices;
3. Train participating LEAs on effective SMH and multi-tiered systems of supports (MTSS);
4. Reduce language and cultural barriers to provision of SMH by increasing the proportion of SMHPs that are from diverse backgrounds.

Activities: (1) UW will provide conditional grants of \$30,000 to 100 2nd year MSW students at the five schools of social work in Washington from 2023-2024 through 2027-2028. (2) Participating MSW students will agree to complete 45 hours of training on SMH and inclusive practices and a specialized practicum placement in a high need LEA, and commit to two years of full-time employment in a high need LEA. (3) UW, OSPI, and WASSW will develop a certificate program on SMH and inclusive practices for participating students. (4) UW will provide training and consultation to school-based practicum supervisors in participating LEAs on effective SMH and inclusive practices. (5) UW will provide specialized training and consultation on evidence-based SMH to participating students.

LEAs to be served: Four initial participating LEAs; ultimately expanding to 10.

Students to be served and providers to be hired: 200 MSW students will be in the SMH training program; 100 will receive conditional grants to be hired by high-need LEAs.

Competitive Priorities: The project seeks to achieve all three optional competitive preference priorities: (1) Increase the number of SMHSPs from diverse backgrounds; (2) Promote inclusive practices; and (3) Implement the project with a Minority Serving Institution (the University of Washington is a MSI).

U.S. Department of Education Supplemental Information for the SF-424
Application for Federal Assistance**1. Project Director:**

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
<input type="text"/>	Eric	<input type="text"/>	Bruns	<input type="text"/>

Project Director Level of Effort (percentage of time devoted to grant):

Address:

* Street1:	Building 29, 6200 NE 74th St
Street2:	Suite 100
* City:	Seattle
County:	<input type="text"/>
* State:	WA: Washington
* Zip Code:	98115-0000
Country:	USA: UNITED STATES

* Phone Number (give area code) Fax Number (give area code)

206-685-2477	<input type="text"/>
--------------	----------------------

* Email Address:

ebruns@uw.edu

Alternate Email Address:

<input type="text"/>

2. New Potential Grantee or Novice Applicant:

- a. Are you either a new potential grantee or novice applicant as defined in the program competition's notice inviting applications (NIA)?

Yes No

3. Qualified Opportunity Zones:

If the NIA includes a Qualified Opportunity Zones (QOZ) Priority in which you propose to either provide services in QOZ(s) or are in a QOZ, provide the QOZ census tract number(s) below:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Human Subjects Research:

a. Are any research activities involving human subjects planned at any time during the proposed Project Period?

Yes No

b. Are ALL the research activities proposed designated to be exempt from the regulations?

Yes Provide Exemption(s) #(s): 1 2 3 4 5 6 7 8

No Provide Assurance #(s), if available:

c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

Washington State School Mental Health Service Professionals (WA-SMHSP)**Demonstration Project****Grant Narrative Table of Contents**

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The Washington State School Mental Health Service Professionals (WA-SMHSP)

Demonstration Project

A. Need for Project and Significance

According to the Surgeon General, the United States is experiencing a “youth mental health crisis” (U.S. DHHS, 2021). Over 20% of all youth, experience social, emotional, and behavioral (SEB) problems that compromise their readiness to learn (Fabiano & Evans, 2019; Merikangas et al., 2010). Surveys show a 33% increase in the rate of students reporting depression and anxiety since 2010, with escalation in suicidality with risk increasing in youths as young as 10 (Merikangas et al., 2010; Twenge, Joiner, Rogers, & Martin, 2018). The COVID-19 pandemic exacerbated stresses on youth, increasing the rates of mental health symptoms further (Hertz, et al., 2022).

The WA-SMHSP is a collaboration among:

- The University of Washington School Mental Health Assessment, Research, and Training (SMART) Center (a collaboration between UW School of Medicine and College of Education)
- University of Washington School of Social Work
- Washington’s SEA: The Office of the Superintendent of Public Instruction (OSPI)
- LEAs: Highline, Medical Lake, Pasco, and Richland School Districts as well as future LEAs
- Multiple IHEs: Washington’s Five Social Work Training Programs – Eastern Washington Univ., Seattle U., Univ. of Washington -Tacoma, Univ. of Washington – Seattle, & Walla Walla Univ.)
- Three Washington professional associations: School Principals, School Administrators, and School Social Workers
- The National PBIS Network

In Washington State, our youth have even higher rates of mental health disorders than the nation as a whole. In Washington, 20% of adolescents 12-17 have a major depressive episode in a given year, compared to 16% nationally (SAMHSA, 2021). Washington’s Healthy Youth Survey data show one in ten students in 8th, 10th and 12th grades said they had attempted suicide in the past year, while four in ten students in the 10th and 12th grades felt so sad and hopeless that they stopped doing their usual activities (WA State Health Care Authority, 2022).

MH problems can have a devastating effect on students' academic success. Youth with social, emotional, and behavioral (SEB) problems who do not receive appropriate services are at heightened risk for academic failure due to deficits that impede school engagement and attendance, compromise attention and executive functioning, and give rise to or exacerbate academic difficulties (Carter et al., 2006; Nelson et al., 2004; U.S. Department of Education, 2011). SEB problems also disrupt educators' ability to deliver instruction and reduce classmates' learning (Cook & Odom, 2013). As a result, **SEB problems rank among educators' top concerns** (Bushaw & Lopez, 2010; National Association of Elem. School Principals, 2018).

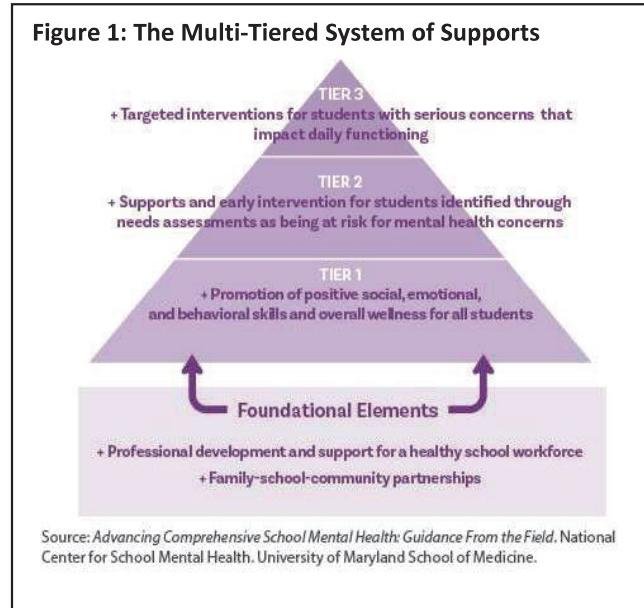
Schools offer unparalleled opportunities to address the behavioral health needs of youth. Making behavioral health services available in schools has been shown to greatly enhance access to services for youth, particularly for ethnic minority youth (Kataoka, Stein, Nadeem, & Wong, 2007; Lyon et al., 2014). SMH services also can reduce stigma (Pinfold et al., 2003; Schachter et al., 2008), promote generalization and maintenance of treatment gains (Evans, 1999), and address barriers to treatment (Pullmann et al., 2009; Pullmann, Weathers, & Bruns, 2013). Schools are now recognized as the most common youth mental health service setting, as shown by a recent meta-analysis by members of this team (Duong, Bruns, et al., 2020).

Research also shows that students who receive supports and services to address their behavioral health needs have better academic and health outcomes. There is a direct link between youths' SEB development and their academic success. Thus, interventions that strengthen students' social, emotional and decision-making skills also positively affect their school outcomes. Social-emotional learning programs, for example, have been found to improve academic outcomes schoolwide by 11% on average (Durlak et al., 2011). SMH has also been shown to also promote broader school goals, including reduction in inappropriate referrals to

special education, decreased discipline problems, and improved school climate (Bruns et al., 2004; Kataoka et al., 2011; Klein, Cornell, & Konold, 2012; Zins et al., 2004).

In schools, SMH effectiveness and integration can be promoted via use of multi-tiered systems of support (MTSS; e.g., McIntosh & Goodman, 2016). MTSS includes levels of intervention of increasing intensity. At “Tier 1” (universal), supports are provided to all students. At “Tier 2” (targeted), supports are provided to students who are at risk of mental health concerns. At “Tier 3” (intensive/indicated), students with identified mental health concerns are provided interventions specific to their condition. Ideally, students move across tiers, guided by assessments and informed by progress data, with SMH providers tailoring intensity to students’ needs. MTSS provides a full continuum of supports to students from universal prevention in tier 1 to more intensive interventions in tier 3 (see Fig 1).

Evidence-based psychosocial intervention strategies have been found to be effective in schools, but require



specialized training and fit to the school setting. Cognitive-behavioral treatments (CBT) for aggression, depression, anxiety, and trauma exposure using a small group format, have demonstrated efficacy in school settings (Anderson & Borgmeier, 2010; Chafouleas et al., 2019; Waschbusch, Breaux, & Babinski, 2019; Werner-Seidler et al., 2017). SMH applications of CBT, however, have been challenging in schools, due to issues such as out of class time and need for rigorous training of school-based counselors or nurses (Stephan, Sugai, Lever, &

Connors, 2015). To more effectively provide “Tier 2 and 3” services, Anderson and Borgmeier (2010) call for training of SMH staff on flexible yet effective short-term interventions focusing on a “common elements” of effective MH for children with mild to moderate concerns.

In 2021, the Office of the Washington State Auditor found an array of challenges to providing consistent, high quality SMH to Washington students in need. The results of this audit, entitled “*K-12 Student Behavioral Health in Washington: Opportunities to improve access to needed supports and services*” (Office of the State Auditor, 2021), described below, provide the basis for the strategies in the WA-SMHSP project.

Barrier 1: Too few SMH service providers. The audit found that few WA

Entities collaborating to address the State Auditor’s findings on School Mental Health (SMH), including the current WA-SMHSP project:

- Institutes of Higher Learning (IHEs)
- WA’s State Education Agency (Office of the Superintendent of Public Instruction)
- Local Education Agencies (LEAs)
- The state’s leading SMH center of Excellence (University of Washington SMART Center)
- State and Congressional legislators (see letters of support)
- Professional associations (e.g., school social workers, principals, school administrators)

schools have implemented a full MTSS continuum of supports, as presented in Figure 1. The primary reason for this lack of availability of services was cited as a **lack of SMH providers**. Findings from the audit are reinforced by state data showing that ratios of students to key SMH personnel are far below recommended ratios. For example, there are only 900 school social workers in WA State to serve over 1 million K-12 public school students, meaning that **availability of school social workers in WA is 1/50th the recommended level** (National Association of Social Workers, 2022). Although recent and ongoing efforts to increase funding for SMH service providers (SMHSPs) via federal grants (e.g., Elementary and Secondary School Emergency Response or ESSER) and state legislation (e.g., HB1664 to increase minimum allocations for school nurses, social workers, and psychologists) are beginning to increase

availability of resources to hire SMHSPs, *it is widely recognized that the supply of qualified and trained SMHSPs will be strained further without support to building the SMHSP workforce.*

For example, Richland School District (RSD), one of our initial participating LEAs, has only five school social workers district-wide, four of whom are new hires. The RSD Wellness Coordinators (both SSWs) report that the **lack of a workforce pipeline for SSWs requires reliance on outside community mental health agencies for SMH, a less effective strategy.**

Barrier 2: Few schools adopt evidence-supported practices across the MTSS continuum.

As shown in the text box, SMHSP availability must be complemented by use of research-based SMH strategies school- and district-wide, as well as by individual SMHSPs. In addition to providing behavioral health supports, SMHSPs must be fluent in participating in activities that are currently undertaken infrequently in WA schools. For example, the audit found that only 32 percent of schools said they screened either all students or a subset of students to identify behavioral health

Core Elements of Effective SMH and MTSS

- Behavioral health supports that cover the full continuum of intensities and needs, from universal preventive activities through more intensive interventions for students with mild-to-significant behavioral health needs
- Screening students universally or in subsets to identify those who need behavioral health supports
- Well-trained staff who can support behavioral health needs of students by using effective, efficient strategies and interventions
- Collaborative team approach that works across the school, family and community organizations
- Tracking data on behavioral health outcomes and needs to facilitate data-driven decision-making

needs. *SMHSPs in WA state and nationally often receive minimal training in evidence-based social-emotional learning strategies, mental health interventions, and other strategies, resulting in suboptimal care* (Evans & Weist, 2004; Graczyk, Domitrovich, & Zins, 2003).

Barrier 3: Fragmented and under-resourced care. The state auditor's report found that "The state's current approach is fragmented ... Washington's decentralized approach has relied

on school districts to develop behavioral health plans without oversight” (p.3). To overcome such fragmentation, WA legislators are working to establish a lead agency and an advisory council for SMH in WA. However, LEAs will benefit from guidance for how to maximize resources (including new SMHSPs) *to implement effective, comprehensive SMH from a central source of training and technical assistance that uses research-based frameworks (such as MTSS) and strategies such as the Interconnected Systems Framework* (Barrett et al., 2013).

Barrier 4: Language/cultural barriers to seeking or using behavioral health services.

Results of the audit’s survey of school representatives identified “language and cultural barriers to seeking or using behavioral health services” as a key barrier to providing effective care. The WA State Workforce Survey (2022) shows that *78% of all Washington state MH providers are white, compared to 51% of all WA K-12 students*. This gap is problematic given the value racially minoritized populations place on the fit between their MH provider’s race/ethnicity and their own (Nadeem et al., 2008). Stigma associated with behavioral health treatment and parent unwillingness to seek help for their child are also major barriers – both of which may be addressed by assuring cultural and linguistic fit between SMH providers and students.

One of our partner LEAs, Pasco SD in rural southeastern Washington, reports that the lack of Latinx school MH support staff compromises its ability to meet the needs of its students, 35% of whom are English Language Learners and 75% of whom are low-income. *Any effort to expand the SMH workforce must increase the number of qualified SMHSPs who are from diverse backgrounds and/or from communities served by the LEA.*

The Washington State School Mental Health Service Professionals (WA-SMHSP) Demonstration Project will address the four primary barriers cited by the WA Auditor’s report while aligning fully with the U.S. Department of Education’s goals and requirements

for the MHSP grant program. The WA-SMHSP will work with OSPI and selected high-need LEAs to (1) provide a method for increasing the number of qualified SMH providers (SMHSPs) – specifically, **school social workers** – from diverse backgrounds who work in high-need LEAs; (2)

The project is responsive to all three competitive preference priorities:

1. Increase the number of SMHSPs from diverse backgrounds;
2. Promote inclusive practices;
3. Implement the project with a Minority Serving Institution (the University of Washington is a MSI).

Assure provision of high-quality training to SMHSPs; (3) Reduce fragmentation via training to LEAs on effective interconnected SMH (Barrett et al., 2013) to assure SMHSPs are as effective as possible; and (4) Reduce language and cultural barriers to SMH by increasing the proportion of SMHSPs from diverse backgrounds. The project will serve as a demonstration for legislators, OSPI, IHEs, philanthropy, and others, as we work together to grow the SMH workforce in WA.

Table 1: Logic Model for the Washington State SMH Service Professional Demonstration

Educational Challenge	Priority to be Addressed	WA-SMHSP Project Elements/Strategies
Too few SMH providers to meet the needs of LEAs and students	Increase the number of SMHSPs and the number of students served	Provide conditional grants to students in exchange for two years of employment in a high need LEA
Few schools adopt evidence-supported practices across the MTSS continuum	Increase SMHSPs' skills on effective interventions, MTSS strategies, and inclusive practices	Provide 45 hours of training to SMHSPs on effective SMH systems and evidence-supported practices across the MTSS continuum, advanced specialist practicum placement in a high need LEA
Fragmented and under-resourced SMH care	Improve LEAs' use of MTSS and interconnected SMH	Provide training and coaching to supervisors of specialist practicum students
Language/cultural barriers to seeking or using behavioral health services	Increase the proportion of SMHSPs that are from diverse backgrounds and/or the communities they serve	Prioritize MSW students with financial need, first generation and culturally diverse students for conditional grants

B. Project Design, Strategies, and Project Activities

Priority 1: Address the lack of SMHSPs by providing conditional grants to 20 MSW

students annually – 100 total over 5 years – in exchange for their commitment to working in high-need LEAs as School Social Workers.

In public schools across the United States, school social workers (SSW) represent the staff role with training that most explicitly is tailored to enhance the social-emotional wellness of students across the multiple tiers of support (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Kelly, 2008; Stephan et al., 2007). Over the past 30 years, the ascent of MTSS as a framework for attending to the MH of students, with its emphasis on primary prevention, data-driven decision-making, and evidence-based practice (EBP; Kelly et al., 2010), has enabled SSWs to advance into a leading service role across the tiers of support (see Figure 1, above). Moreover, the development of a National School Social Work Practice Model (Frey et al., 2012) has helped to elevate SSWs' practice to one where SSWs can engage in direct service in group and individual formats as well as universal screening and prevention, all informed by data and evidence-informed practices (Kelly et al., 2015; Lucio et al., 2020).

Master's of Social Work degree training and relevance to role as SSW. Master's degree programs in social work prepare MSWs to work in a wide variety of health, social service, and government agencies. MSW training provides a foundation for social workers to work in schools, providing concrete strategies for students (micro-level), who are embedded in families and communities such as schools (mezzo-level), who are influenced by policies and systems that surround them (macro-level). The hallmark of social work education is its **field education program or practicum**. Two practicums are completed: The first is a field-based internship completed in the first year known as known as the **generalist practicum** (6-9 months). Next is the **specialist practicum** (9 months), targeted at the student's preferred specialization setting, such as a community mental health center or hospital. **Field instructors** link students and practicum sites by developing relationships with appropriate practicum placement sites, inclusive of K-12 public schools. Field instructors also support students to develop core competencies in

social welfare practice through individual one-on-one mentoring, integrative seminars, and support to practicum instructors in social and health services agencies.

Conditional grants/scholarships for MSW students who commit to serving high-need LEAs and schools. The current shortage of well-prepared behavioral health care professionals in Washington limits the availability of behavioral health services – in schools as well as community and institutional settings – and contributes to Washington’s ranking **in the lowest tier among the states for youth mental health,**

Findings from the *Washington State Behavioral Health Workforce Assessment* (2017):

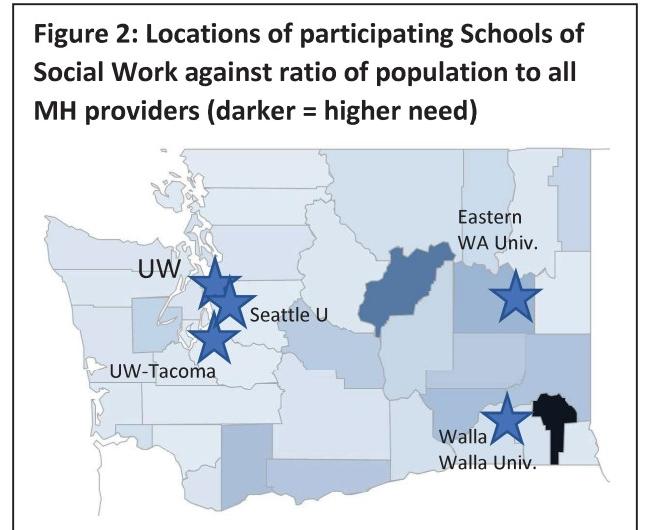
- The WA BH workforce is burdened by an unfavorable “student debt-to-salary” ratio that creates barriers to recruiting and retaining the best and brightest university/college students to the BH field
- Undersized with respect to need
- Underprepared (education, experience, mentorship) to meet the complex needs of the population and the demands of the emerging 21st century model of “integrated health, behavioral health, and social care”
- Difficult to recruit and retain in jobs where they are most needed, and
- Lacking in diversity and cultural competence needed to serve the population in need

characterized as a state with “higher prevalence of mental illness and lower rates of access to care” (Mental Health America, 2022). A key factor is high student debt-to-salary ratios of MSW and graduates of other Master’s level MH training programs. These students are thus incented to leave lower paying jobs and industries for higher paying jobs and industries in order to pay off student debt and to support their families (WA State BH Workforce Assessment, 2017). ***Conditional grants/ scholarships are designed to off-set the disincentive to remain in lower paying jobs and industries by reducing/eliminating student debt, in exchange for students working in targeted, high-need employment settings, such as high-need K-12 public schools*** (Eyal & Barninghausen, 2012).

Research and experience by the current team demonstrates the success of conditional grants. Conditional grants have been found to be effective at increasing the supply

of professionals in medically underserved areas, including lawyers, physicians, and teachers (Eyal & Barnninghausen, 2012). The School of Social Work at the University of Washington-Seattle (UW SSW), which will lead the network of IHEs collaborating for the WA-SMHSP, currently implements five conditional grant programs to trainees receiving MSW degrees at IHEs across WA. UW SSW leads the ***Child Welfare Training and Advancement Program (CWTAP)*** in which conditional grants are provided to MSW students in exchange for a commitment of two years of employment working as a social worker in the foster care system. With a donation of \$24M from the Ballmer Foundation, UW SSW also runs the ***Workforce Development Initiative (WDI)***, which places MSW students in high-need behavioral health agencies in return for three years of employment in that sector. Rates of default on conditional grants provided through these initiatives are less than 2% and have been successful at increasing recruitment of a diverse workforce of MSWs working in high demand fields (Uehara, personal communication).

WA-SMHSP will provide SSW conditional grants to 20 MSW students annually for five years across all five MSW training programs located in IHEs across WA state: UW SSW, University of Washington Tacoma, Seattle University, Walla Walla University, and Eastern Washington University. Situating our WA-



SMHSP program in these five training programs provide excellent geographic coverage of areas of high need, with programs in WA's two largest cities (Seattle and Tacoma, both regions with

multiple large, urban and suburban, high-need LEAs) as well as central and eastern Washington, regions with dozens of underserved rural counties and LEAs (see Figure 2).

Beginning immediately upon funding, in March of 2023, WA-SMHSP will engage advanced students in the second year of their two-year MSW programs in all five IHEs, when students are asked to declare their interest in a specialized practicum.¹ Students will have been made aware of the availability of the **SMHSP conditional grant program** in advance of enrollment to their respective School of SW, through communications from OSPI, their IHEs, and professional associations such as the Washington Association of School Social Workers (WASSW) and throughout the first year of their MSW program. Directors of the five MSW programs will work with field instructors to alert students considering specialist practicum placements in K-12 public schools of the potential opportunity. Students interested in a specialist practicum placement in the K-12 public school system and SMHSP will attend a meeting with field faculty and WA-SMHSP instructors who will introduce the demonstration project. Twenty students per year will receive conditional grants. Students will also be informed of a **Statewide SMH Community of Practice** that will engage up to an additional 20 MSW students interested in working in K-12 public schools but who either do not choose to apply for conditional grants or who are not selected. Thus, up to 40 new SMHSPs will be engaged in training and support to implement SMH in WA schools, 200 in total over the five years of the project.

Application process. Interested students will be provided with a link to a brief web-based application to be eligible for a SMHSP conditional grant and/or the SMHSP Community of Practice. Students will be made aware that the **SMHSP conditional grants will prioritize**

¹ For students who have already obtained a Bachelor's of Social Work, this will be upon entry to their one-year Advanced Standing program.

students with financial need, who are first generation, who are from diverse backgrounds, and/or speak more than one language in the home, with funding conditioned on working in high need school districts after they matriculate. Using a web-based application form, the student applicants will provide descriptions of their background and experience, professional goals, demographic information, financial aid status. The home school of social work will verify that the student is receiving financial aid by indicating if a FAFSA was completed during the application process. **All students** interested in working in a high-need LEA are eligible to participate in the **WA-SMHSP Community of Practice**.

Conditional grant eligibility requirements will include: (1) Matriculation in one of the participating social work IHEs programs; (2) participation in a 45-hour SMHSP Community of Practice during their training program (see Priority 2 below); (3) commitment to conducting their specialized practicum placement in a high-need LEA; and (4) commitment to two years of employment in a high need LEA. **Evaluation of applicants** will be tiered, with the above criteria being required for consideration (**Tier 1**). **Tier 2** evaluation criteria will prioritize (1) students with financial need as evidenced by the FAFSA and information provided by the student and (2) students from the communities served by participating LEAs (see below). **Tier 3** criteria will be merit-based and prioritize students whose applications are evaluated as demonstrating goals, experience, and interests relevant to working in K-12 public schools as school social workers.

Conditional grants will consist of a single award of \$30,000 for tuition, housing, and travel to their practicum placement, in a high-need LEA within 50 miles of their home School of SW. Students who apply and are receiving a conditional grant will sign an agreement with their home SSW and the UW School of Social Work in Seattle that is reviewed by the Attorney General and is binding; individuals will be required to pay back conditional grant

funding if they do not complete the program's full requirements². Completion of requirements will be tracked with quarterly reports by staff of the project. After matriculation of students in the IHEs, staff of the project will verify that employment criteria are met with high need LEAs.³

High-Need LEAs. In Year 1 of the WA-SMHSP (2023-24), we will pilot the WA-SMHSP process with three high-need LEAs in Eastern WA with which MTSS training is already underway –Medical Lake, Richland, and Pasco (see letters of support). All districts serve substantial numbers of students in poverty (38% - 72%) and have a lack of SMHSPs against ratios

statewide (range: 1 SSW per 2,200 – 3,500, compared to 1:1,100 statewide). Each LEA will be paired with one of the participating MSW training programs in the participating IHEs that serve their local community, from which SSW students will be identified (see Figure 3). Within each LEA, **high-need schools will be identified** based on % of low-income students, data (e.g., climate, discipline, MH screening, attendance) demonstrating need for MH supports, lack of adequate MH providers, and a building-level MTSS plan that includes role(s) for intern or SSW.

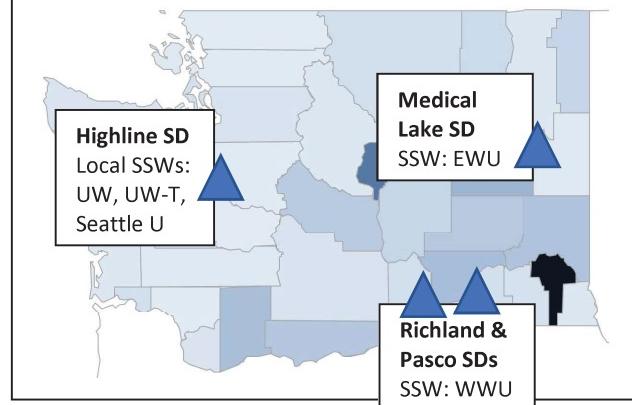
Priority 2: Assure provision of high-quality training to SMHSPs

As described in Section A above, SMHSPs often lack training on evidence-based SMH and MTSS (Bruns et al., 2016). Training and skills of the SMH workforce is associated with

² See **Appendix** for an example agreement from the WDI project from which the WA-SMHSP conditional grant agreements will be derived.

³ If a school social work employment position in a high-need LEA is not available after matriculation, placement in a community-based mental health organization that is partnering with a high-need LEA to offer services to students in schools will be considered an allowable employment alternative.

Figure 3: Locations of Year 1 participating LEAs against ratio of population to all MH providers (darker = higher need)



implementation fidelity of strategies across the tiers, and school and student outcomes (Bradshaw et al., 2014; Domitrovich et al., 2012, Durlak et al., 2011). Moreover, levels of burnout and fatigue working as a mental health professional are high compared to other professionals (Lyon et al., 2011). In addition to reducing debt, the WA-SMHSP will improve retention of MSWs working in K-12 public schools by facilitating their effectiveness, leadership, self-efficacy, and camaraderie via training, coaching, and professional development activities.

Certificate program in School Mental Health, MTSS, and Inclusive Practices. In Washington State, SSWs, psychologists, and counselors are required to receive certification as an ***Educational Staff Associate (ESA)*** to work in an SMH position funded with state allocation dollars. A 15-hour ESA course covers the basic curricula needed to fulfill the state certification requirement. Working in collaboration with OSPI, the SSW Training Team for the project will develop the **WA-SMHSP Community of Practice**, a comprehensive 30 hours training sequence focused on relevant SMH frameworks, inclusive practices, and evidence-based SMH clinical strategies, designed to elevate SSWs' competency. Through WA-SMHSP, we will also seek to create an **advanced certificate** for the ESAs to further strengthen skills and competencies.

Training and consultation on evidence-based Tier 2 and 3 SMH interventions. UW SMART has done extensive research on Tier 2 and 3 interventions and developed interventions such as the **Brief Intervention for School Clinicians** (BRISC; Bruns et al., 2019). Orientation to interventions such as BRISC and others commonly trained by the UW SMART Center, such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Stein et al., 2003) will be a core component of the SMH certificate program. We have budgeted for training and consultation from trainer-coaches of interventions such as BRISC and CBITS, who will provide training and consultation to WA-SMHSP students who will use these models in their practicum placements.

Emphasis across all strategies on inclusive practices. The State Legislature provided OSPI with \$25M for the 2019-21 biennium and \$12M for the 2021-23 biennium to provide educators with professional development opportunities in support of inclusionary practices across the state. The WA-SMHSP will work with our partners at the **Haring Center in the UW College of Education** (co-leader of the SMART Center) to apply core content of coursework and mentoring on inclusive education (with respect to race but also ethnicity, culture, language, disability, and students who identify as LGBTQI+) to the role of School SWs for incorporation into the WA-SMHSP Community of Practice. Examples include foundational knowledge (construction of disability, determining Special Education eligibility), MTSS as applied to inclusive practices (e.g., teaming, paraeducator supervision and support), behavior management, and facilitating social membership/relationships. WA-SMHSP will aim to not just enhance SSW knowledge, but skills such as designing inclusive support strategies, analyzing environments to determine needed supports, building Behavior Support Plans, and effective inclusion strategies.

Table 2: Advances in MSW-level SSW training to be facilitated by WA-SMHSP

Current Approach in WA for SSWs	Proposed via WA-SMHSP demonstration
Generalist and specialist practicum placement may not be completed in a K-12 school	Completes a specialized practicum placement in a high-need K-12 public school
Future SSW may take one course in school social work if it's offered	Equivalent of a 3-credit course in SMH in addition to school social work class (if available)
Practicum supervisor may not be well-trained in SMH and MTSS	Participating LEAs will agree to have supervisors receive training/coaching from UW SMART
Only requirement is to complete a 15-hour Educational Staff Associate (ESA) Certificate (at \$350 cost)	ESA certificate received as part of training; Additional 30 hours of training in evidence-based SMH interventions and MTSS strategies
Often not prepared to create an integrated, inclusive system or to offer EBPs in school mental health or suicide prevention	Will understand SMH, SSW, and inclusive practices from a perspective of MTSS Prepared to offer interventions across Tiers 1-3
May not seek or be retained in K-12 public education settings	Reduced debt to salary ratio; Greater self-efficacy and support from mentors & peers in the WA-SMHSP community of practice

Priority 3: Reduce fragmentation via training and coaching to LEAs to implement MTSS

and interconnected SMH. As described above, robust application of the MTSS framework core

assures better integration of student mental health and wellness into the everyday operations of schools.

Applying the MTSS features systematically to the effort to provide effective SMH supports to students is accomplished by following the deliberate and systematic steps of the Interconnected Systems Framework (ISF; Barrett et al., 2013). **ISF includes guidance and tools to ensure students who need SMH services are properly identified, assessed, and provided the appropriate SMH services by qualified personnel, including WA-SMHSP participating students, interns, and SSWs.**

To reinforce and assure alignment with the overarching Interconnected SMH strategy being championed statewide in WA by OSPI, and assure that systematic screening, identification, and linkage of students to appropriate SMH services occurs, all LEAs that apply to be part of WA-SMHSP and receive MSW students as interns and full-time SSWs will be part of a cohort of districts that receive two years of training and support on MTSS and ISF, using toolkits and measures based on Barrett et al. (2013).⁴:

- 1. MTSS/ISF Exploration and Installation (Fall/Spring of school year 1).** LEA team assesses the needs of the district and community and selects evidence-based practice(s) to meet the identified needs while also assessing the readiness to implement (e.g. financial,

Elements of WA-SMHSP LEA-Focused MTSS/ISF Training and Coaching:

1. Creating a Shared Understanding of MH Integration within MTSS
2. Assessing and Strengthening District Leadership Teaming Structures
3. Assessment of District Capacity and Fidelity and Action Planning
4. Establishing District and School Systems Coaching
5. Changing the Role of Community and School employed Clinicians
6. Understanding Building Level Installation
7. Selecting and Installing a Universal Screener (District and School role)
8. Reviewing and Selecting EBPs along the continuum
9. Professional Development plan for training and coaching
10. Developing an Evaluation Plan and Assessment Schedule

⁴ Note that two of the four LEAs (RSD and MLSD) participating in WA-SMHSP are already in an ESSER/OSPI-funded ISF Demonstration Project; thus Highline and Pasco will represent the initial ISF cohort funded by WA-SMHSP.

political, resources). Stakeholders within and across organizations identify strengths and areas for improvement. This may require all stakeholders to operate differently (e.g., aligning efforts under a single system, repurposing resources to support the implementation of new innovation), including more purposeful roles within MTSS for WA-SMHSP interns and newly hired WA-SMHSP SSWs. Staffing, training, funding, evaluation systems, and coaching systems are also examined. The SMART Center will provide: (1) a 4-Day District / Community Leadership Team Training; Weekly Coaching Calls to a Learning Community comprised of LEA representatives across the cohort; and (3) Individual TA and Consultation (up to 5 hours/district/month).

- 2. Initial Implementation:** Guided by a co-developed strategic plan, the LEA begins to implement changes at both the district and school levels. The transformation process is guided by external technical assistance providers and local implementers. The LEA continues to shift resources to support staff (with a focus on WA-SMHSP interns and newly hired SSWs) as they learn more about the process. During Implementation, the SMART Center will provide: (1) a Cohort Building Team Training (Summer), (2) Monthly ½ day Team Trainings during LEA development days; (3) Weekly Coaching Calls to members of the cohort; and (4) Individual TA and Consultation (up to 5 hours/district/session).

Priority 4: Reduce language and cultural barriers to SMH by increasing the proportion of SMHSPs that are from diverse backgrounds

Having a teacher of the same race/ethnicity can have positive impacts on a student's attitudes, motivation, and achievement (Egalite & Kisida 2015, 2018). Research also shows minoritized populations highly value the fit between their MH provider's racial and ethnic background and their own (Nadeem et al., 2008). As described above, the WA-SMHSP

demonstration project will prioritize MSW students from diverse backgrounds, **prioritizing students with financial need, who are first generation, who are from diverse backgrounds, and/ or speak more than one language in the home, with funding conditioned on working in high need school districts after they matriculate.** Formal selection criteria for the conditional grants and a brief, web-based application will be developed for students interested in applying for SMHSP to explain how they meet these criteria. The student applicant will also provide demographic information and indicate if they are receiving financial aid. **Building on methods from the WDI, which has successfully recruited >50% MSW trainees who are Black, Indigenous, and People of Color (BIPOC), we aim to recruit future SSWs that are at least 50% BIPOC, to align with the 49% of K-12 students in WA who are BIPOC.**

C. Management Plan, Resources, and Partners

Project Timeline

Immediately upon notice of funding, OSPI, UW SMART and UW SSW will work with the five participating Schools of SW to inform rising second-year students and incoming Advance Standing students with BSWs of opportunities to receive conditional grants and be placed in high-need LEAs the next school year. Concurrently, we will work with the four initial LEAs to identify the number of slots available for practicum students in 2023-24 and prepare for matches with students awarded conditional grants. As described in letters of support, these LEAs already have mechanisms for providing supervised practicum experiences for SSWs (as well as counselors and school psychologists); however, these slots are often not filled due to a shortage of applicant students. Finally, working with OSPI, UW SMART will issue a notice to all state LEAs of the opportunity to identify themselves as high-need LEAs that can commit to WA-

SMHSP expectations (e.g., provide students with practicum placements/employment, coaching for practicum supervisors, LEA training and TA to implement ISF and MTSS).

In subsequent years the team will work together to establish an annual cycle during which SSW students will be informed of the opportunity, applications from LEAs to participate are received and reviewed, 20 students receive conditional grants and placement in a high-need LEA, and up to 20 additional students join the Community of Practice and SMH training

Figure 4: Timeline for the Washington State School MH Service Professional Demonstration Project (WA-SMHSP)					
Activity	2023	2024	2025	2026	2027
1. Orient team to project goals and tasks, set up internal project infrastructure	JFMAMJASOND	JFMAMJASOND	JFMAMJASOND	JFMAMJASOND	JFMAMJASOND
2. Establish agreements with IHEs and transfer funds					
3. Identify High need LEAs and transfer funds					
4. Recruit cohort 1, 2, 3, 4, 5 of conditional grant scholars					
5. Identify additional students who want SMH training certificate					
6. Develop / refine curriculum & evaluation tools					
7. LEA MTSS Exploration and Installation training/TA					
8. LEA MTSS Implementation Phase training/TA					
9. Implement training certificate, cohort 1, 2, 3, 4, 5					
10. Annual retreats					
11. Program evaluation and ongoing Cqi					

sequence. UW SMART, UW SSW, and WASSW will then provide coursework, including initial training on and support to use specific evidence-based SMH interventions. Finally, UW SMART will provide participating LEAs with the sequence of training and consultation on implementing interconnected, evidence-based SMH within a context of MTSS. See **timeline** in Figure 4 below.

Collaboration with Related Initiatives

Federal initiatives. As a partnership between UW and OSPI, the WA-SMHSP project will serve as an extension of an array of federally priorities and federally funded initiatives being coordinated by the SEA, OSPI, and for which entities such as the UW SMART Center serve as providers of training and TA. Primary examples include WA's five-year (2020-2025) **Project AWARE grant**, which is improving school climate, safety, and substance abuse prevention through increased collaboration based on MTSS and ISF. Similarly, as described above, WA State's **federal ESSER funds** have been used to fund UW SMART to train OSPI staff, WA's

Educational Service Districts (ESDs), and cohorts of LEAs on MTSS/ISF. The WA-SMHSP project will reinforce WA's priorities for professional development on use of evidence-based SMH and MTSS as supported by multiple federal grants and initiatives.

State Initiatives. WA-SMHSP is responsive to the priorities of WA state legislators, OSPI, WA Health Care Authority, and other key partners in the **Children and Youth Behavioral Health Work Group (CYBHWG)**, which has prioritized funding to reduce ratios of students to SMH workers (including SSWs; see 2022 House Bill 1664) and increased number of professionals being graduated from state training programs who can work in schools (see letters of support). Co-PIs Bruns and Stuber and Co-I Schmitz are all members of the CYBHWG and its School MH and Suicide Prevention Subcommittee. Progress on and lessons learned from WA-SMHSP will be actively incorporated into agendas for both the CYBHWG and its subcommittee. As described above, WA-SMHSP is also an extension of a major state philanthropic effort, the \$24M Ballmer Foundation-funded **Workforce Development Initiative (WDI)**, which places MSW students in high need community behavioral health agencies. As a demonstration project, we anticipate WA-SMHSP will serve as a model for substantial legislative and philanthropic funding, assuring its sustainability. Finally, WA-SMHSP will serve as key driver of OSPI's **Inclusionary Practices Professional Development Project**.

Partnership with Professional Associations. WA-SMHSP will be co-led by representatives of no fewer than three WA professional associations. The **Washington Association of School Social Workers (WASSW)** will serve as an executive committee member and co-developer of the SMH Community of Practice training sequence. WASSW will also aid in the development and refinement of approaches to providing training and technical assistance to participating LEAs; advise the refinement of the Educational Service Associate (ESA)

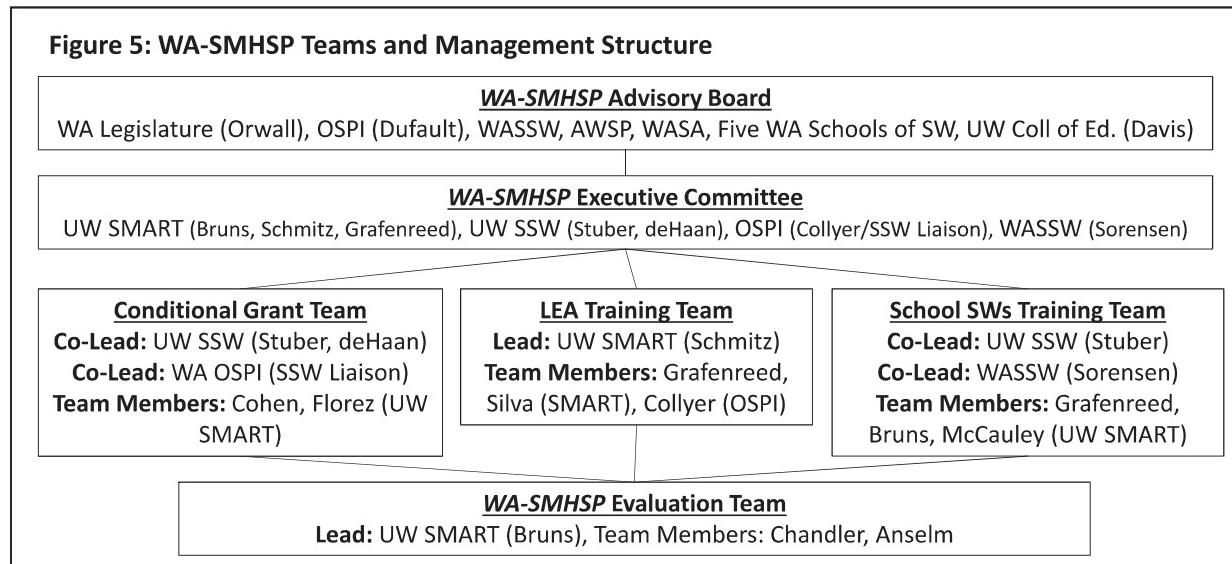
certification process as it applies to SSWs; support LEA and MSW recruitment and other communications; and provide testimony/support for sustainability and expansion through its Legislative Action Committee. Both the *Association of Washington State Principals (AWSP)* and *Washington Association of School Administrators (WASA)*, will aid in these types of WA-SMHSP activities as well as serve on the WA-SMHSP Advisory Board (see letters of support).

Management Structure and Partners

Advisory Board. As shown in Figure 5, the project will benefit from an *Advisory Board* that includes Washington State representative (33rd District) and Speaker Pro Tempore **Tina Orwall, MSW**. Rep. Orwall is a Social Worker by training (UW SSW), champion of child and family issues, and co-chair of the WA CYBHWG. OSPI leadership will be represented at a high level by **Anna Marie Dufault**, Assistant Superintendent for Student Engagement and Support. The Advisory Board will have representation from each professional association, including **Michelle Sorenson**, Vice President of *WASSW*, **Jack Arend** from *AWSP*, and **Mike Nelson** from *WASA*. The *UW College of Education*, which co-leads UW SMART with the UW School of Medicine, will have representation from Associate Dean **Carol Davis, Ph.D.** Finally, each of the five MSW training programs in WA state will participate in WA-SMHSP and be represented on the Advisory Board (see letters of support).

Project Teams. To manage the work of WA-SMHSP, key personnel and staff for the project will work within four key teams. The **Conditional Grant Team** will be co-led by **UW SSW** and **WA OSPI**. Working from their extensive and successful experience administering conditional grants, **Jennifer Stuber, Ph.D.**, Associate Professor and **Benjamin deHaan, Ph.D.** Professor and Associate Dean for Social Service Innovation & Partnerships will co-lead this team with **Lee Collyer**, OSPI Director of School Health and Student Safety and/or the newly

funded **OSPI School Social Work Liaison**. This team will focus on communicating availability of the grants, receiving and reviewing MSW students' applications, securing agreements, and disseminating resources through the five participating IHEs that train MSWs in WA.



The **LEA Training Team** will be led by UW SMART, building upon its role as the WA State academic Center of Excellence and multiple statewide projects leading training and TA for MTSS and SMH. **Kelcey Schmitz, M.S.Ed.**, UW SMART Director of Training and TA, will lead the team, with support from UW SMART Training and Technical Assistance Coordinators **Clynita Grafenreed, Ph.D.**, and **Rayann Silva, M.Ed.** The LEA Training Team will provide training and consultation for participating LEAs on MTSS and ISF, across the phases of Exploration, Initial Installation, and Implementation described under Priority 3.

The **School Social Workers Training Team** will be co-led by Drs. **Stuber** and **Grafenreed**, an expert in the areas of equity, school discipline, mental health, and behavioral supports and interventions. A key participant in the team will be **Michelle Sorensen**, Vice President of **WASSW** and Co-Director of Student Wellness at RSD. This team will also benefit from the expertise of Drs. **Bruns** and **Elizabeth McCauley, Ph.D.**, developers of several SMH EBPs, including **BRISC**, which will serve as a foundational Tier 2-3 strategy on which SSWs

will be trained and provided supervision and consultation. The SSW Training Team will lead development of the Community of Practice and its School Mental Health Certificate, work with OSPI to assure the CoP and Certificate align with current WA state certification for SSWs, and work with the five Schools of SW to provide coursework, via in-person and virtual classes.

As shown in the Project Timeline, the Advisory Group will meet within 1 month of funding to advise on initial activities and organization of the project and bi-annually thereafter. Each Project team will meet no less than bi-weekly, providing workplans and status reports in ongoing fashion using *Microsoft Teams* and *SmartSheet* to the Leadership Team, which will meet no less than monthly and use data and information to manage the WA-SMHSP project.

D. Evaluation and Continuous Quality Improvement Plan

Evaluation and performance measurement activities for the WA-SMHSP will focus on: (1) Collection and reporting of Performance Measures as required by the Government Performance and Results (GPRA) Modernization Act; (2) evaluation of achievement of the Priorities for the WA-SMHSP as described in Section B and the **WA-SMHSP Theory of Change** (see *Appendix*); and (3) feedback of data to assure continuous quality improvement (CQI) across the five years of the project. The **Evaluation Team** will be led by Co-PI Bruns and managed by the UW SMART Center. In addition to extensive research on mental health in schools, UW SMART has evaluated multiple federally funded projects, with data and results informing CQI while also producing knowledge to the field on SMH and MTSS (e.g., Bruns et al., 2016; Olson et al., 2021; Walker et al., 2011). Evaluation Specialists **Casey Chandler** and **Corinne Anselm** will provide key staff support.

Table 3: Summary of Goals, Performance Measures, and Data Sources

Project Goal/Priority	Performance Measures	Data Sources and Measures
Increase the number of qualified SMH professionals	<ul style="list-style-type: none"> • N of SMHSPs trained to provide SMH services in high-need LEAs* 	<ul style="list-style-type: none"> • Applications from MSW students

	<ul style="list-style-type: none"> • N of SMHSPs placed in a practicum or internship in high-need LEAs* • N of SMHSPs hired by high-need LEAs* 	<ul style="list-style-type: none"> • Annual IHE (Schools of Social Work) survey • Annual district (LEA) survey
Provide high-quality training to SMHSPs	<ul style="list-style-type: none"> • Trainee report of satisfaction, quality, organization, relevance, impact • Fidelity to EBPs (e.g., BRISC, CBITS, Wraparound in Schools) 	<ul style="list-style-type: none"> • Impact of Training and Technical Assistance (IOTTA) • BRISC, CBITS, and WIS fidelity tools
Reduce fragmentation via training to LEAs on MTSS and Interconnected SMH	<ul style="list-style-type: none"> • MTSS and ISF implementation scores at LEA and school levels • N of students screened • Rate of identified students receiving SMH intervention • Satisfaction, quality, organization, relevance, impact of training/coaching 	<ul style="list-style-type: none"> • District Systems Fidelity Inventory • Tiered Fidelity Inventory • Annual district survey • Bi-annual IOTTA surveys
Increase the proportion of SMHSPs that are from diverse backgrounds	<ul style="list-style-type: none"> • N and percent of SMHSP trainees who receive conditional grants who are BIPOC* • N of SMHSPs hired by high-need LEAs who are BIPOC 	<ul style="list-style-type: none"> • Applications from MSW students • Annual IHE (Schools of Social Work survey • Annual district (LEA) survey

Methods. To evaluate the number of 200 participating WA-SMHSP students (200 in the CoP, among whom 100 will also receive conditional grants) that are trained, placed, and hired, and their demographics (Priorities 1 and 4), we will rely on data from the web-based applications from SMHSPs and an annual survey of all participating IHEs (Social Work training programs). These data will be maintained in a continually updated database with a dashboard that provides real time information to the team and its advisors.

To evaluate quality of training and support provided to SMHSPs in their Community of Practice coursework, EBP trainings, and practicum placements, and to practicum supervisors (Priority 2), we will administer the ***Impact of Training and Technical Assistance (IOTTA)***. IOTTA is a standardized measure based on principles of implementation science developed by Dr. Bruns and that is used widely among training initiatives across the U.S. The IOTTA assesses Understanding/ Mastery of TA topic before and immediately after receipt of TA; usefulness of TA; TA provider professionalism; TA provider credibility; TA organization; perceived level of impact on recipients' work (Walker & Bruns, 2011). We will also compile fidelity data collected

by trainer/consultants of evidence-based models (e.g., BRISC, CBITS) that are used as the basis for skill development (Bruns et al., 2019).

Finally, to evaluate Priority 3, we will compile data collected as part of the training and consultation provided to LEAs on MTSS and ISF using measures such as the ***District Systems Fidelity Inventory*** and ***Tiered Fidelity Inventory***. We will also evaluate the degree to which school and district representatives who receive ISF/MTSS training, coaching, and other supports report high levels of satisfaction and positive impact via an annual survey. Such annual surveys will also capture change over time on core school and district level indicators of high-quality MTSS and ISF, such as numbers of students screened and identified as needing MH supports, and the number referred to and served by Tier 2-3 providers.

Use of Data in CQI. In addition to running descriptives for entry of GPRA data, we will focus analysis on (1) understanding the “flow” of MSW students through the phases of support provided by WA-SMHSP (i.e., initially engaged, applications received, acceptances, placements, retention); (2) examine trends over time; and (3) factors (including student, LEA, and IHE characteristics) that may influence our success at achieving the Priorities. We will also use qualitative analysis of annual student/SMHSP, LEA, and IHE surveys and additional key informant interviews using grounded theory-based content analysis and analytic induction (Bernard, 2013) to deepen our understanding of factors that may be facilitating and impeding success of the WA-SMHSP. In addition to GPRA reporting, data will be analyzed for review by the Advisory Board semi-annually, by the Executive Committee monthly, and for use in presentations to legislators and philanthropists to influence state policy and funding decisions as well as assure sustainability.

Other Attachment File(s)

* Mandatory Other Attachment Filename:

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To add more "Other Attachment" attachments, please use the attachment buttons below.

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BIOGRAPHICAL SKETCH

NAME: **Bruns, Eric J.**

eRA COMMONS USER NAME : **ebruns**

POSITION TITLE: **Professor of Psychiatry and Behavioral Sciences**

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date	FIELD OF STUDY
University of Virginia, Charlottesville, Va.	B.A.	05/1990	Psychology
University of Vermont, Burlington, Vt.	Ph.D.	10/1997	Clinical Psychology
Georgetown University, Washington, DC	Clin. Internship	09/1997	Child Clinical

A. Personal Statement

I am a clinical psychologist and Professor of Psychiatry in the University of Washington School of Medicine whose career has focused on designing and supporting use of youth behavioral health interventions and strategies in real world settings such as schools. I lead a research team at the University of Washington School Mental Health Assessment, Research, and Training (SMART) Center that develops, tests, and translates school-based interventions into action, including strategies such as Social Emotional Learning (SEL) and Positive Behavior Interventions and Supports (PBIS) that promote positive school climate, academic progress, and mental wellness for youth. At the SMART Center, I lead the Training and Technical Assistance unit that provides support to the school mental health workforce, including school social workers, counselors, psychologists, and others whose job is to remove barriers to learning by bolstering social and emotional health of students. As an implementation scientist, intervention developer, and technical assistance provider to “real world” school systems, I am well-qualified to serve as a Co-Principal Investigator with Dr. Stuber for the current Mental Health Service Professional (MHSP) project. I have received funding from over 10 Institute of Education Science (IES) grants, as well as NIMH and many other sources to conduct my research. Meanwhile, we have received support from SAMHSA, U.S. Department of Education, and countless states and jurisdictions to help ensure such research-based practices are implemented in schools and other public systems. I have helped to develop training and implementation support manuals for several unique school- and community-based interventions that have been taken up at scale in dozens of states and communities. My experience in leading complex federally-funded state initiatives to improve the workforce and knowledge of the needs of the education and mental health practitioners will make me an ideal academic partner to lead this project.

Below are several relevant grants and projects pertaining to development and testing of interventions and strategies in schools, growing the education workforce, and providing high-quality training and technical assistance to mental health practitioners:

3H79SM081721 (Chwastiak & DeVita PIs; Bruns, Supplement PI) **8/15/18 – 8/14/23**
Substance Abuse and Mental Health Services Administration

School Mental Health Supplement to the Northwest Regional Mental Health Technology Transfer Center (NW-MHTTC).

Supplement to collaborative agreement to serve as SAMHSA’s hub of training and technical assistance for implementation of evidence-based behavioral health services in Region 10 (AK,

ID, OR, WA); focuses specifically on evidence-based school prevention strategies and mental health interventions.

Role: Principal Investigator (15%)

R305A200050 (Bruns PI)

7/01/20-06/30/24

Institute of Education Sciences (IES), US Department of Education

Development and Testing of a Research-Based Tier 3 Wraparound Model for Schools

This development and innovation grant will iteratively adapt a community-based Wraparound care coordination model to the Education context and evaluate feasibility, acceptability, implementation fidelity, and impact on social, emotional, and academic outcomes of students with complex behavioral health and other needs.

Role: Principal Investigator

R305B210004 (Lyon PI)

7/01/21 – 6/30/24

Institute of Education Sciences (IES), US Department of Education

Research Institute for Implementation Science in Education (RIISE)

Training grant to support junior faculty in education to apply implementation science to research and implementation support via a one-week summer institute followed by structured mentoring.

Role: Co-Investigator

R305B170021 (Bruns PI) Institute of Education Sciences (IES), US Department of Education

9/1/17 – 8/31/22

School Mental Health Assessment, Research, and Training Center Post-Doctoral Research Program (SMART PREP)

Prepares education researchers to conduct relevant, high-quality research focused on the social and behavioral contexts for academic learning and the use of mental health strategies in educational practice to improve student outcomes.

Role: Principal Investigator

\$702,476

B. Positions, Scientific Appointments, and Honors

Positions and Employment

1999 – 2002	Research Associate, Johns Hopkins School of Public Health, Department of Population and Family Health Sciences
2002 – 2005	Assistant Professor, tenure track, University of Maryland School of Medicine, Department of Psychiatry, Division of Child and Adolescent Psychiatry
2005 – 2008	Assistant Professor, University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences
2008 – 2016	Associate Professor, University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences
2016	Professor, University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences

Recent Honors and Awards

- 2003 National Institutes of Health Loan Repayment Program for Clinical Researchers.
- 2004 Kansas Keys for Networking “Best of 2004” for work on behalf of children and families.
- 2006 WA State Governor’s Recognition Award for Mental Health Transformation, Olympia, WA.
- 2009 Social Entrepreneurship Development Award, Robert Wood Johnson Foundation.

2014 National Research Innovation Award, Association for Child and Youth Care Practice.
 2018 Dissemination and Implementation Research Award, Annual NIMH/AcademyHealth D&I Conference

Selected Local, National, International Service

2003-14 NIMH Peer Review, Mental Health Services Research (5 sp. emphasis panels, 4 ad hoc)
 2004-10 Univ. South Florida Research and Training Center on Child MH, Board Chair.
 2004-11 National Child and Family Evidence-Based Practices Consortium.
 2006-pres National Advisory Board on Family Support (Columbia University/State of New York)
 2008-14 Editorial Board, Brookes Publishing, Series on Children's Mental Health.
 2008-pres Associate Editor, Journal of Child and Family Studies.
 2009-13 Editor, Report on Emotional and Behavioral Disorders in Youth.
 2009-14 Seattle City Council Families and Education Levy Oversight Committee
 2009-pres Pathways to Healthy Transitions RTC Advisory Board, Portland State University..
 2011-14 American Psychological Association Task Force on Serious Emotional Disturbance.
 2012-15 Institute for Education Sciences (IES) Social and Behavioral Review Panel, 2012-2015.
 2013-pres School Mental Health International Leadership Exchange, co-coordinator
 2014-15 Institute of Medicine / National Res. Council Adv. Board on Children, Youth, Families.
 2016 Republic of Ireland Health Research Board Review Panel
 2020-pres American Academy of Child and Adolescent Psychiatry, Committee on Quality Issues
 2022 Carl and Sara Zimet Endowed Visiting Professorship, University of Colorado School of Medicine

C. Contributions to Science

1. School Mental Health. School mental health represents unparalleled opportunity to intervene early with children's mental health disorders, and reduce disparities in mental health service access and outcomes. However, we also know that school-based mental health (SBMH) services are typically not based on evidence for effectiveness or well-integrated into the school context, greatly reducing potential for positive effects. Fully leveraging the opportunity presented by SBMH thus represents my first research focus. Our interdisciplinary UW School Mental Health Assessment, Research, and Training (SMART) Center currently has multiple federal, state, and foundation grants focused on how best to ensure that evidence for effective mental health intervention and prevention is translated into programming that leverages the diverse set of roles of the school-based workforce and is contextually appropriate to schools. The results of this research agenda include documentation of the effectiveness of mental health programming in "real-world" school-based health centers, barriers to improving academic achievement through school mental health and other support services "as usual" (and what might actually provide this mechanism of effect) and development and testing of a brief evidence-based mental health intervention with good contextual fit to schools.

- a. **Bruns, E.J., Lee, K.E., Davis, C., Pullmann, M.D., Ludwig, K., Hoover, S.M., & McCauley, E.M. (in press).** Effectiveness of a brief engagement, problem-solving, and triage strategy for high school students: Results of a randomized study. *Prevention Science.*
- b. **Duong, M., Bruns, E.J., Lee, K., Cox, S., Coifman, J., Mayworm, A., & Lyon, A.R. (2020).** Rates of mental health service utilization by children and youth across

- common service settings: A meta-analysis. *Administration and Policy in Mental Health.*
- c. Lyon, A.R. & **Bruns, E.J.** (2019). From evidence to impact: Joining our best school mental health practices with our best implementation strategies. *School Mental Health.* <https://doi.org/10.1007/s12310-018-09306-w>.
 - d. Walker, S.E.C., Kerns, S.E., Lyon, A. Cosgrove, T.J., & **Bruns, E.J.** (2010). Impact of school-based health center use on academic outcomes. *Journal of Adolescent Health, 46*, 251-257.
- 2. State behavioral health policy.** Increasingly, policy and finance decisions around health and behavioral health policy are made at the state level. In my roles as a core partner and UW PI of the SAMHSA-funded National Technical Assistance Network for Children's Behavioral Health and Northwest Mental Health Technology Transfer Center (MHTTC), I have found opportunities for collaboration with other researchers nationally, with whom we have conducted increasingly rigorous empirical study of state systems, particularly, the dynamics of taking evidence-based strategies to scale state-wide. For example, in collaboration with the Advanced Center on Implementation and Dissemination Science in States for Children and Families (NIMH P30 MH090322; Hoagwood, PI), we participated in efforts to build a "science for using the science" at a state level. Specific examples include (1) methods for developing empirically-based decision rubrics for policy-makers, (2) influence of policies related to PBIS on school- and youth-level outcomes, (3) methods for implementing evidence-based strategies into systems such as child welfare and juvenile justice, and (4) development and testing of systematic workforce development efforts at a state level.
- a. Walker, SEC, Gubner, N, Iztguttinov, A, Rodriguez, F, Davis, P, Lyon, A, Kerns, SA, & **Bruns, EJ**; (2022). The Implementation Potential of a Method to Monitor Empirically-Supported Children's Mental Health Treatment through Claims Data *BMC Health Services Research.*
 - b. Olson J.R., Azman, A., Estep, K., Coviello, K.A., Robshaw, S., & **Bruns, E.J.** (2021). Influences of Inner and Outer Settings on Wraparound Implementation Outcomes. *Global Implementation Research and Applications, 1*, 77-89.
 - c. Purtle, J., Nelson, K., **Bruns, E.J.**, & Hoagwood, K.E. (2020). Dissemination Strategies to Accelerate the Policy Impact of Children's Mental Health Services Research. *Psychiatric Services. Online first:* <https://doi.org/10.1176/appi.ps.201900527>
 - d. **Bruns, E.J.**, Parker, E.M., Hensley, S., Pullmann, M.D., Benjamin, P.B., Lyon, A.R., & Hoagwood, K.E. (2019). The role of the outer setting in implementation: associations between state demographic, fiscal, and policy factors and use of evidence-based treatments in mental healthcare. *Implementation Science, 14* (96).
 - e. **Bruns, EJ**, Kerns, SE, Pullmann, MD, Lutterman, T, & Hoagwood, KE (2016). Research, Data, and Evidence-Based Treatment Use in State Behavioral Health Systems, 2001–2012. *Psychiatric Services, 67*(5), 496-503.
- 3. "Wraparound" care coordination for youth with serious emotional and behavioral disorders.** Children and youth with SEBD represent public systems' worst failings and greatest waste of scarce resources. Better coordinated and more engaging care models for youth with multiple and complex needs – combined with effective treatments – hold promise for reducing rates of out of home placements and diverting resources upstream to more proactive and preventive investment. However, until we launched the *National Wraparound Initiative* in 2003, there was little consensus on how to apply evidence to the process of designing systems to coordinate care for this population, or implement integrated, team-

based care. Since 2003, our research team has used a combination of expert consensus, measure development studies, field-based effectiveness trials, and dismantling studies borne of the opportunities presented by natural experiments to define quality standards that are predictive of system and child outcomes for this integrated care model, and disseminated fidelity tools and implementation support technologies that are in use in over 30 states. In addition, we have produced over 40 peer reviewed papers on the topic that have established the evidence base and provide guidance to policy-makers, practitioners, and researchers. This research and implementation agenda has been supported by four NIMH grants, and over \$10 million in funding from SAMHSA and the Center for Medicaid and Medicare Services (CMS).

- a. Olson, J.R., Benjamin, P.A., Azman, A., Kellogg, M., Pullmann, M.D., Suter, J.C., & **Brunns, E.J.** (2021). Systematic Review and Meta-Analysis: Effectiveness of Wraparound Care Coordination for Children and Adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*.
- b. Coldiron, J. S., Hensley, S. W., Parigoris, R. M., & **Brunns, E. J.** (2019). Randomized Control Trial Findings of a Wraparound Program for Dually Involved Youth. *Journal of Emotional and Behavioral Disorders*. [Online First.] Doi: 10.1177/1063426619861074
- c. Wu, B., **Brunns, E.J.**, Raghavan, R., & dosReis, S. (2018). Psychotropic Polypharmacy Among Youth with Serious Emotional and Behavioral Disorder Receiving Care Coordination. *Psychiatric Services*. Published online 15 Mar 2018. <https://doi.org/10.1176/appi.ps.201700357>.
- d. **Brunns, E. J.**, Pullmann, M. D., Sather, A., Brinson, R. D., & Ramey, M. (2015). Effectiveness of wraparound versus case management for children and adolescents: Results of a randomized study. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(3), 309-22.

Complete List of Published Works:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/eric.brunns.1/bibliography/48000663/public/?sort=date&direction=ascending>

BIOGRAPHICAL SKETCH

NAME: Stuber, Jennifer, Ph.D.

POSITION TITLE: UW Associate Professor of Social Work, UW SMART Center Core Faculty, Founder Forefront Suicide Prevention

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
Cornell University	B.S.	05/1994	Biology & Society
Yale University	Ph.D.	05/2006	Health Policy/ Public Health
Columbia University, Robert Wood Johnson Health and Society Population Health Scholar	Postdoc	05/2008	Population Health

A. Personal Statement

I am an Associate Professor in the University of Washington School of Social Work whose academic training is within the disciplines of public health and health services research. I became engaged in the topic of suicide prevention after losing my spouse to suicide in 2011. I am an advocate and a researcher. I refocused my academic career on suicide prevention. As a subject matter expert and advocate, I championed state legislation to require suicide prevention training for all behavioral health, health care and school counseling professionals and most recently, led advocacy efforts for a high-profile law to reform Washington's behavioral health and suicide prevention crisis response system. I founded and directed for nearly a decade (2012-2021) Forefront Suicide Prevention [Forefront in the Schools | Forefront \(intheforeground.org\)](#) whose mission is to reduce suicide by empowering individuals and communities to take sustainable action through training, championing systemic change, and restoring hope. The signature program within Forefront is a school-based suicide prevention program known as Forefront in the Schools. It grew to supporting more than 50 high schools across Washington State under Dr. Stuber's leadership. After stepping down as Forefront's director, I began collaborating with Dr. Bruns out of concern for youth suicide and recognition that the prevention science literatures on suicide prevention and Multi-Tiered Systems of Support (MTSS) were not being integrated. Since then, Dr. Bruns and I have worked together on nesting suicide prevention efforts within an MTSS framework. I have joined the SMART's center Core Faculty. It's vital that there are more school-based professionals working in schools to provide access to assessment and treatment for youth experiencing mental health challenges and suicide ideation and that they are working to build effective and sustainable systems of support within schools to do so. I have extensive experience leading complex projects with multiple stakeholders involved and delivering the priorities of these projects on time.

B. Positions, Honors, Service, Op-Eds

Positions

1994 - 1996 Research Assistant, The Hastings Center

2000 – 2002 Pre-doctoral fellow, George Washington University Department of Health Policy and Management

2002-2008 Research Associate, New York Academy of Medicine

2006-2008 Robert Wood Johnson Population Health Fellow at Columbia University

2008-2014 Assistant Professor University of Washington, School of Social Work
2013 Co-founded Forefront Suicide Prevention
2013-2021 Director Forefront Suicide Prevention, University of Washington
2014- Associate Professor University of Washington, School of Social Work
2022- Core Faculty University of Washington, SMART Center

Honors

2010 Mental Health Advocacy Award: Valley Cities Clinic and Consultation
2011 Expanding Horizons Award: Navos Mental Health Solutions
2012 Hero Award: Washington Community Mental Health Council
2013 President's Award for Leadership in the Profession of Social Work: National Association of Social Workers
2015 University of Washington Presidential Innovation Fellow
2020 Public Citizen of the Year: WA Association of Social Work
2020 Alumna of the Year: Yale University School of Public Health
2022 Senator Patty Murray, Annual Golden Tennis Shoe Award

Service to Washington State (selected)

Workgroups

2012-present Washington State Action Alliance for Suicide Prevention Member
2016-2020 Safer Homes, Suicide Aware Campaign, Co-Chair
2018-2020 Washington State School Based Suicide Prevention Efforts
2017-2019 Inspire Suicide Prevention in Higher Education Task Force, Member
2017-2019 Workplace Suicide Prevention Focusing on the Construction Industry, Co-Chair
2019-2021 Washington State's Governors Challenge to End Veterans Suicide
Member of Subcommittee on Lethal Means
2021-2022 Washington State's Crisis Response Improvement Strategy Committee

Legislation

Organized advocacy efforts and contributed language for:

2012 HB 2366 Concerning Suicide Prevention Training for Behavioral Health Professionals
2013 HB 1366, Concerning Suicide Prevention in K-12 Schools
2014 HB 2411, Concerning Suicide Prevention Training for All Health Care Professionals
2015 HB 1138, Concerning Suicide Prevention in Higher Education
2016 HB 2415, Concerning lethal means safety and the creation of a public awareness campaign
2020 SB 6540, Concerning suicide prevention among law enforcement
2021 HB 1181, Concerning suicide prevention for veterans
2021 HB 2411, Concerning advanced suicide prevention training for behavioral health professionals
2021 HB 1477, Concerning Enhancing and Expanding Washington's Behavioral Health Crisis System

Op-Eds

Stuber, J. Reaction to escape of state committed patients stigmatizes people with mental illness. *The Seattle Times*. 9/24/09.

Stuber, J. Far more can be done to prevent school shootings. *The Tacoma News Tribune* 11/14/14.

Stuber, J. Focus on suicide prevention to reduce gun deaths. *The Seattle Times* 10/1/14.

Stuber, J. The front-line of suicide prevention is primary care. *The Seattle Times* 1/26/14.

Stuber J. My husband died by suicide. Here's what happened during my awkward call to the National Rifle Association. *Washington Post*. 4/8/16.

Stuber, J. Locking up guns, medication is a big step towards suicide prevention. *The Seattle Times* 9/6/17.

Brunns, B. & Stuber, J. Time to put mental health at the heart of our schools. *The Seattle times*. 4/19/19.

C. Contributions to Science

Suicide Prevention. Suicide is the single leading cause of death among adolescents and has a tragic impact on families and communities in its wake. This body of work represents innovative efforts in Washington State that have received national recognition for their widespread impact on preparing individuals/ systems to care for those who are at-risk.

- a. **Stuber, J.**, Massey A, Porter S, Payn B, Ratzliff A. (2022). Training Health Care Professionals in Suicide Assessment, Management and Treatment. *Psychiatric Services*, July June 23,
- b. **Stuber, J.**, Hakansson C, Arnold J. (2022). What happens when you require training for Pharmacy Professionals? *American Journal of Pharmacy*, In Press.
- c. Olson, J.R., Lucy, M., Kellogg, M.A., Schmitz, K., Berntson, T., **Stuber, J.**, Bruns, E.J. (2021) What happens when training goes virtual? Adapting training and technical assistance for the school mental health workforce in response to COVID-19. *School Mental Health* Published Online First: 4 January 2021. <https://doi.org/10.1007/s12310-020-09401-x>
- d. **Stuber, J.**, Massey, A., Meadows, M., Bass, B., & Rowhani-Rahbar, A. (2020) SAFER brief community intervention: a primary suicide prevention strategy to improve firearm and medication storage behavior. *Injury Prevention* Published Online First: 19 October 2020. <https://doi.org/10.1136/injuryprev-2020-043902>
- e. Decou, C.R., **Stuber, J.**, Payn, B., Ratzliff, A., (2020) Clinicians' knowledge of suicide-specific practices in two large healthcare systems in Washington *General Hospital Psychiatry*, 64, 121-122 <https://doi.org/10.1016/j.genhosppsych.2019.10.005>
- f. Massey AE, Borghesani P, **Stuber J**, Ratzliff A, Rivara FP, Rowhani-Rahbar A. (2020) Lethal Means Assessment in Psychiatric Emergency Services: Frequency and Characteristics of Assessment. *Archives of suicide research: official journal of the International Academy for Suicide Research*, 1–15. Published online: 25 Jun 2020 <http://doi.org/10.1080/13811118.2020.1783411>

g. Zhou E, DeCou CR, **Stuber J**, Rowhani-Rahbar, Kume K & Rivara FP. (2019). Usual Care for Emergency Department Patients Who Present with Suicide Risk: A Survey of Hospital Procedures in Washington State. *Archives of Suicide Research* 24(3): 342-54.

h. **Stuber, J.** and Quinnett, P. (2013). Making the Case for Primary Care and Mandated Prevention Education. *Suicide and Life Threatening Behavior* 43(2): 117-124.

2. Stigma and Its Impact: Stigma associated with mental health challenges and other conditions can have positive impacts on social norms and negative impacts on self-esteem and help-seeking. This body of literature seeks to elucidate challenges with the concept and bring measurement and the assessment of impact from varied forms of stigmatization to light.

a. Wolff N, Stuber J. (2002). State Mental Hospitals and their Host Communities: the Origins of Hostile Public Reactions. *Journal of Behavioral Health Services and Research* 29(3): 304-317.

b. Young, M., **Stuber, J.**, Ahern, J., Galea, S. (2005). Interpersonal discrimination and the health of illicit drug users. *American Journal of Drug and Alcohol Abuse* 31(3): 371-91.

c. **Stuber, J.**, Schlesinger, M. (2006). The Sources of Stigma in Government Means-tested Programs. *Social Science and Medicine* 63(4): 933-45.

d. Link, B., Castille, D., **Stuber, J.** (2008). Stigma and Coercion. *Social Science and Medicine* 67(3): 409-20.

e. **Stuber, J.**, Meyer, I., Link, B. editors. (2008). Introduction to a Special Issue on Stigma, Prejudice, Discrimination and Health. *Social Science and Medicine* 67(3): 351-8.

f. **Stuber J.**, Galea G, Link B. (2008) Smoking and the Emergence of a Stigmatized Social Status. *Social Science and Medicine* 67(3): 420-30.

g. **Stuber, J.**, Rocha, A., Christian, A, Link, B. (2014). Conceptions of Mental Illness: Comparing the Attitudes of Mental Health Professionals to the General Public. *Psychiatric Services* 65(4): 490-7.

h. Sabin, J. **Stuber, J.** Rocha, A. Greenwald, A. (2015). Providers Implicit and Explicit Stereotypes about Mental illness and Clinical Competencies. *Social Work in Mental Health* 13(5): 495-513.

3. Barriers to help-seeking: There are formidable barriers to help-seeking for mental health and other social services including in times of disaster. This corpus of work seeks to elucidate some of these challenges.

a. Schlesinger, M., Gray, B., Carrino, G., Duncan, M., Gusmano, M., Antonelli, V., **Stuber, J.**, (1998). A Broader Vision for Managed Care, Part 2: A Typology of Community Benefits. *Health Affairs*. 17(5): 26-49.

- b. Pfefferbaum, R., Fairbrother, G., Brandt, E.N. Jr., Robertson, M.J., Gurwitch, R., **Stuber, J.**, Pfefferbaum, B. (2004). Teachers in the aftermath of terrorism: a case study of one New York City School. *Family & Community Health* 27(3): 250-9.
- c. Stuber, J., Bradley, E. (2005). Barriers to Medicaid Enrollment: Who is at Risk? *American Journal of Public Health* 95(2): 292-298.
- d. **Stuber, J.**, Galea, S. (2005). Barriers to mental health treatment after disasters. *Psychiatric Services* 56(9):1157-58.
- e. Pfefferbaum, B., **Stuber, J.**, Fairbrother, G., Galea, S. (2006). Panic in Reaction to the September 11 Attacks in Adolescents. *Journal of Traumatic Stress* 19(2): 217-228.
- f. Stuber, J., Galea, S., Resnick, H. (2006). Gender disparities and posttraumatic stress disorder. *Gender Medicine* 3(1): 54-67.

D. Additional Support

CURRENT SUPPORT

Agency & Grant No.	Grant Title	Role	Dates	Effort
WA State Legislature	<i>Supporting Standardization, Training, and a Landscape Analysis of Co-Response Programs</i>	PI	7/1/21– 6/30/22	35%
United Health Care	<i>Supporting Comprehensive Suicide Prevention in two Public School Districts</i>	PI	7/1/22 – 6/30/23	25%
Sherwood Community Trust	<i>Supporting Development of Asking Is Caring: Parents Partnering with Schools Districts for Youth Suicide Prevention</i>	PI	7/1/22– 6/30/23	15%

For more than 40 years, Ben de Haan has been bringing together leaders and policymakers in academia, private philanthropy and public agencies in variety of fields to improve services to vulnerable children, adults, and families. Ben directed child welfare services for the State of Oregon, and he served there in a variety of leadership positions for nearly 20 years. He led, the Oregon Department of Corrections for 9 years, directed three university-based research centers as an Associate Professor, and was the managing director of Casey Family Programs' State Strategy Division where is focused on improving social service delivery systems across America. Ben was the founding president of the Oregon Children's Trust Fund Foundation, a private endowment focused on preventing child maltreatment. More recently, Ben directed Partners for our Children, a privately endowed policy and research center at the University of Washington, Seattle. In this role, Ben combined knowledge of public agencies, legislative advocacy, and the use of research findings to advocate for a number of social service policy reforms, including the creation of the Department of Children, Youth and Families, a new integrated children's agency in Washington State

Ben is currently the Associate Dean for Social Service Innovation at the University of Washington School of Social Work, the Director of the Center for Social Sector Analytics and Technology and the Director of the Ballmer funded Behavioral Health Workforce Development Initiative. In 2019, Washington Governor Jay Inslee appointed Ben as the child welfare expert on the DCYF Oversight Board, a statutory position charged with guiding the newly created Department of Children Youth and Families. He was recently reappointed by the Governor for a second 4 year term. Ben holds a master's degree in public administration from Lewis and Clark College and a Ph.D. in social work and social research from Portland State University.

Throughout his career as a researcher and an administrator Ben has focused on the connection between workforce factors like compensation, training, recruitment, supervision, workload, retention and technology uptake on direct client outcomes. The most influential factor in all aspects of human services is workforce instability. Whether it's in the classroom, in the public child welfare system, in the community based behavioral health agencies, or even in prison housing units, excessive worker turnover degrades outcomes.

Early in his career, Ben began the using conditional grants as a vehicle for addressing worker attrition in the public child welfare system. Following the model originally developed by Harry Specht, the former Dean at the University of California, Berkeley, Ben created and directed the second conditional grant in the nation using a federal entitlement (Title IV-E of the Social Security Act). Since the early 90's conditional grants have proliferated across the country and are now in 40 states. All of these grants follow the same basic structure: a free or nearly free

college degree in exchange for a post- graduation commitment to work in a public child welfare agency.

In May of 2021, the Ballmer Group, a philanthropic corporation, gave the University of Washington School of Social Work a \$25 million dollar gift to create the Behavioral Health Workforce Development Initiative(WDI), a conditional grant program focused on community behavioral health. The gift provides funding for 415 graduate students in Social Work, Mental Health Counseling and Marriage and Family Therapy. Each student accepted into the program receives \$50,500 in exchange for committing to 3 years employment in a community behavioral health setting. To date, the program has enrolled approximately 130 students. All the universities in Washington who confer graduate degrees in the three disciplines mentioned above are eligible for participation. So far, 25 students have graduated and 100% are currently employed in a community behavioral health setting.

Ben is currently working on two more conditional grant programs, both of which will be funded by Title IV-E. The first will train social workers for positions in the Juvenile Rehabilitation Division of the Washington Department of Children Youth and Families. The second will train software engineers who will payback their support by developing technology platforms and digital tools which are in short supply in most critical human service programs.

Conditional grants have distinct advantages when compared to other forms of educational debt reductions including loan forgiveness. Since conditional grants are prospective in nature, recruitment can specifically focus on students who are passionate about serving in the targeted discipline or service area; they can be used to selectively recruit students who have experience with disadvantaged communities and they can be used to support students who don't have the wherewithal to finance a graduate education, through traditional student loans. WDI and other conditional grants in Washington has created the necessary structure for a dialogue between those who employ clinicians and those who train them.

CURRICULUM VITAE
Kelcey N. Schmitz, MSEd
Department of Psychiatry and Behavioral Sciences
University of Washington School of Medicine

EDUCATION

University of Kansas, Lawrence, Kansas	
Master of Science in Education, Special Education: Secondary Transition	2010-2011
University of Kansas, Lawrence, Kansas	
Bachelor of General Studies in Human Development and Family Life	1995-1998
Adults with Developmental Disabilities	

PROFESSIONAL EXPERIENCE

University of Washington SMART Center, Seattle, WA.	January 2019-Present
Director of Training and TA, UW SMART Training and Technical Assistance Core	
School Mental Health Director, Northwest MHTTC	
<ul style="list-style-type: none"> Lead all aspects of training, technical assistance, consultation and implementation supports including oversight of budget, staffing, contractors, content development, delivery and evaluation for state, regional service districts, and school districts on the broad topics of evidence-based SMH, universal school-wide strategies to support student mental health, trauma-informed school-based services, multi-tiered systems of supports (MTSS), Positive Behavioral Interventions and Supports (PBIS) and Interconnected Systems Framework (ISF). Lead the school mental health (SMH) supplement to the SAMHSA-funded Northwest Mental Health Technology Transfer Center across the four-state region of Alaska, Oregon, Idaho, and Washington providing training and technical assistance to the school mental health workforce. 	
Office of Superintendent of Public Instruction, Olympia, WA.	September 2016-January 2019
Program Supervisor, Integrated Student Supports in the Center for the Improvement of Student Learning	
<ul style="list-style-type: none"> Lead state education agency multi-tier system of supports (MTSS) by creating a system for implementation of integrated student supports. Serve as OSPI lead for the implementation of 4SHB 1541, 2016, specific to the development of integrated student services programing through a multi-tier system of supports (MTSS) delivery model. Co-author of the <i>Washington Integrated Student Supports Protocol</i>. 	
University of Washington – Tacoma, Tacoma, WA.	May 2015-September 2016
Senior Research Scientist/Director of Implementation and Innovation at Center for Strong Schools	
<ul style="list-style-type: none"> Direct all implementation activities across four transformational shifts (school, community-based organizations, families and neighborhoods) of the Tacoma Whole Child Initiative (TWCI) a partnership between UW Tacoma and the Tacoma Public Schools. 	
University of Kansas, Lawrence, KS.	Spring Semester 2014
Adjunct Faculty Member Department of Special Education	
Course: SPED 743 Methods: Functional Behavioral Assessment, Positive Behavior Support, and Classroom Management.	

Kelcey Schmitz, MSEd

Keystone Learning Ozawkie, KS.

July 2013-June 2015

Kansas State Department of Education (KSDE) Technical Assistance System Network (TASN) Behavior Specialist and Kansas MTSS: CI3T State Trainer

- Develop supports to increase statewide capacity of education systems with specific emphasis in social, emotional and behavior supports.
- Coordinate efforts to integrate school-wide academics, social and emotional learning and behavior supports within MTSS: CI3T in the state of Kansas.
- Provide statewide training and technical assistance for the implementation of Kansas Emergency Safety Interventions (seclusion and restraint) regulations and de-escalation strategies.

University of Kansas, Lawrence, KS.

February 2013-June 2013

Program Associate TASN-Kansas Secondary Connections

- Collaborate with the Kansas State Department of Education and other TASN providers to develop training scope and sequence and material development for de-escalation, in response to legislation that was passed limiting the use of seclusion and restraint for students with and without disabilities.
- Develop and conduct training and technical assistance activities for secondary schools associated with, Secondary transition, student engagement, dropout prevention, and related topics, data analysis and data-driven decision making for school districts, and Positive Behavior Support and evidence-based interventions such as the Behavior Education Program (BEP or Check-in/Check-out) and Tier 3 behavioral supports.

University of Kansas, Lawrence, KS.

September 2011-February 2013

Project Coordinator – Kansas Institute for Positive Behavior Supports (KIPBS)

- Provide oversight and coordination of staff, evaluation, and training and technical assistance for state-wide Kansas Institute for Positive Behavior Supports (KIPBS) Training and Certification Program, School-wide PBIS training and TA project, and Association for Positive Behavior Supports (APBS) website.
- Collaborate with the project director (Rachel Freeman, PhD) and project coordinator and other members of the Kansas Mental Health and Positive Behavior Supports (KMHPBS) team to develop, deliver, and evaluate materials, content, training and coaching for community mental health organizations across Kansas.

University of Kansas, Lawrence, KS.

July 2009-September 2011

Research Assistant/School-wide Positive Behavior Support Training Coordinator/KIPBS Instructor

- Instruct adult learners using online modules and in-person trainings to develop person-centered positive behavior support plans and facilitate the teaming process with students, families, educators and other support team members.
- Train school teams to implement PBIS (Tiers 1, 2, and 3) in their buildings and community based-organizations and provide technical assistance during implementation.

Community Living Opportunities, Chanute, KS.

August 2004-July 2009

Positive Behavior Support Facilitator/Targeted Case Manager

- Facilitate person-centered planning and ensure effective implementation and goal attainment.
- Provide service coordination, advocacy, resource navigation and lifestyle planning services to adults and children with intellectual and/or developmental disabilities.

Kelcey Schmitz, MSEd

SELECT PUBLICATIONS, PRESENTATIONS, AND TRAININGS

Select Publications

- Olson, J. R., Lucy, M., Kellogg, M. A., **Schmitz, K.**, Berntson, T., Stuber, J., & Bruns, E. J. (2020, January). What happens when training goes virtual? Adapting training and technical assistance for the school mental health workforce in response to COVID-19. *School Mental Health* (2021).
- Hieneman, M., **Schmitz, K.** (2013). Leisure skill development for children with disabilities. *Online Special Needs Parenting Magazine*.
- Freeman, R., Enyart, M., **Schmitz, K.**, Kimbrough, P., Mathews, K., & Newcomer, L. (2012). Integrating and building on best practices in person-centered planning, wraparound, and positive behavior support. R. L. De Pry, F. Brown & J. Anderson (Eds.), *A standards-based guide to practices in school and community-based settings* (pp. 241 – 257). Baltimore, MD: Brookes.
- Schmitz, K.** (2011). Perceptions of challenging behavior and positive behavior support by transition professionals in educational settings. (*Unpublished Master's Project*). University of Kansas, Department of Special Education. Lawrence, KS.

Select National Presentations

- Lane, K.L., Oakes, W.P., **Schmitz, K.**, Silva, R., Meador, M. (2022, October). *Moving Forward with Systematic Screening: What Do I Need to Know?* [Conference session]. Center on PBIS National Leadership Forum, Chicago, IL.
- Stuber, J., **Schmitz, K.**, Chandler, C., Ryan, T. (2022, October). *Developing Comprehensive, Multi-tiered School-Based, Suicide Prevention* [Conference session]. Center on PBIS National Leadership Forum, Chicago, IL.
- Raulerson, C., **Schmitz, K.**, (2021, October). *State Level PBIS Coaching* [Conference session]. Center on PBIS Leadership Forum, Virtual.
- Flamini, A., **Schmitz, K.**, (2021, October). *Youth Voice in Mental Health Efforts* [Conference session]. Center on PBIS Leadership Forum, Virtual.
- Barrett, S., **Schmitz, K.**, Poulos, J., Swain-Bradway, J., Hatch, K., Bruns, E., Azevedo, K. (2021, March). *Mental Health and PBIS: Regional Collaboration and Capacity Building* [Conference session]. 18th Annual International Association of Positive Behavior Support Conference, Virtual.
- Schmitz, K.**, Cobb, A. (2018, July). *Washington's approach to data-based individualization*. NCII State Collaboration Leadership Summit, Washington, D.C.
- Cobb, A., **Schmitz, K.** (2018, January). *Washington integrated student supports protocol: Meeting the academic and nonacademic needs of students and families*. Child Trends Webinar, Virtual.
- Benner, G. J., **Schmitz, K.**, Silva, R., & Zeng, T. (2016, February). *The Tacoma Whole Child Initiative: Scaling-up a multi-tier system of support in a large urban district*. Paper presented at Northwest PBIS Network Spring Conference, Portland, OR.
- Rosborough, J., **Schmitz, K.**, & Perry, C. (2015, March). *Supporting a culture of prevention: Seclusion and restraint regulations in Kansas*. A paper presented at the 12th International Conference on Positive Behavior Support: The Expanding World of PBS: Science, Values, and Vision, Boston, MA.
- Schmitz, K.**, Oakes, W.P., & Lane, K.L. (2015, March). *MTSS: CI3T...the next generation of MTSS dedicated to meeting students' multiple needs*. A paper presented at the 12th International Conference on Positive Behavior Support: The Expanding World of PBS: Science, Values, and Vision, Boston, MA.

Kelcey Schmitz, MSEd

Freeman, R., Perrin, N., Little, A., Lyons-Brown, M., Anderson, S., **Schmitz, K.** (2010). *Using Statewide Planning to Design Interagency Training in Education and Human Services*. A paper presented at the 7th International Conference on Positive Behavior Support, St. Louis, MO.

Select State Presentations

- Schmitz, K.**, & Barlow, T., Mazza, J. (2021, October). *School Mental Health Efforts in Washington State*. Washington Association of School Psychologists Conference. Spokane, WA.
- Brun, E.J. & **Schmitz, K.** (2021, September). *From Evidence to Impact: What does research tell us about school mental health?* Keynote address at the Annual conference of the Washington Association of School Administrators, Lake Chelan, WA.
- Swain-Bradway, J., Poulos, J., **Schmitz, K.**, & Hatch, K. (2020, June). *Tiers for Fears: Sowing the Seeds of MTSS* [Conference session]. Virtual AWSP & WASA Summer Conference 2020.
- Schmitz, K.**, & Barlow, T. (2020, April 22). *Interconnected Systems Framework (ISF): Integrating MTSS & School Mental Health* [Conference session]. Washington State Virtual MTSS Fest 2020 Conference.
- Schmitz, K.**, & Bowman, A. (2020, February 28). *High Leverage Classroom Practices for Promoting Positive Behavior and Wellness* [Conference session]. 18th Annual Northwest PBIS Conference - Vision 2020: PBIS for All!, Tacoma, WA.
- Barrett, S., & **Schmitz, K.** (2020, February 6). Mental Health for All: PBIS and School Mental Health Integration Training for Idaho PBIS Leadership Teams—Part 2. Boise, ID.
- Brun, E. J. & **Schmitz, K.** (2020, January). Interconnected Systems Framework: Putting Mental Health at the Heart of our Schools. Presentation to *Washington State Senate Behavioral Health Committee*, Olympia, WA.
- Brun, E., Coulehan, H., Johnson, J., & **Schmitz, K.** (2020, January 24). *Supporting School Mental Health: The Northwest Mental Health Technology Transfer Center* [Conference session]. 2020 Alaska RTI/MTSS Effective Instruction Conference, Anchorage, AK.
- Lynch, J., **Schmitz, K.**, Griebel, A. (2018, June). *Connecting school discipline policies and best practices for behavior within a multi-tiered system of support*. AWSP/WASA Conference, Spokane, WA.
- Sechrist, C., Lynch, J., **Schmitz, K.**, Canaga, S. (2017, November). *Leading systems change: Equity in student discipline*. WSSDA Conference, Bellevue, WA.
- Schmitz, K.**, Lynch, J., Canaga, S. (2017, November). *Using research and data to implement discipline reform in Washington*. WERA Conference, Seattle, WA.
- Schmitz, K.** (2017, September). *MTSS: A systems approach for implementing and sustaining positive school discipline practices*. Association of Washington State Principals (AWSP): Suspending Suspensions, Seattle, WA.
- Schmitz, K.** (2016, July, Invited). *Implementing progress monitoring for behavior in a multi-tiered system of support*. Workshops presented at the New Mexico State Department of Education Results Driven Accountability Conference, Albuquerque, NM.
- Schmitz, K.**, (2016, January, Invited). *Coaching Advanced Tiers: Tier II Systems in a PBIS Framework*. Workshop presented at the Northwest PBIS Coaches Conference, Renton, WA.
- Schmitz, K.**, Knackstedt, K. (2014). *Preventing the escalation of problem behaviors in school settings*. A presentation for the Kansas State Department of Education's Technical Assistance System Network Annual Transition Summit. Lawrence, KS.
- Jurgensen, L., **Schmitz, K.** (2013) *Emergency Safety Intervention Regulations*. 2013 Kansas Association of School Boards Conference. Wichita, KS.
- Schmitz, K.** (2013) *Preventing the Escalation of Behavior through MTSS*. 2013 Kansas State Department of Education Conference. Wichita, KS.

Kelcey Schmitz, MSEd

Schmitz, K., Eichler, D. *Emergency Safety Interventions Part: II*. 2013 Kansas State Department of Education Conference. Wichita, KS.

ADDITIONAL CERTIFICATION AND TRAINING

The Kansas Institute for Positive Behavior Support	April 2005
School-wide Information System (SWIS) Facilitator Training	March 2009
School-wide Information System (SWIS-CICO) Facilitator	March 2013
PBIS Assessment State Coordinator	June 2013
Check and Connect Trainer	February 2016
Team Initiated Problem Solving (TIPS) Trainer	November 2015
NIRN District Capacity Assessment Administrator	October 2015

SELECT SERVICE, COMMITTEE MEMBERSHIPS, AND OTHER AFFILIATIONS

Association for Positive Behavior Support (APBS) Website Committee	2009-2013
KSDE Evidence-Based Prevention and Intervention Committee (EPIC)	2013 - 2015
APBS Awareness and Dissemination Committee	2017-Present
North Thurston Public Schools PBIS Tier 1 Parent Rep on District Leadership Team	2015-2017
Washington OSPI MTSS Leadership Team Co-Lead	2016-2018
APBS PBIS State Leader Network Member	2016-Present
Washington Integrated Student Support Protocol Workgroup Co-Facilitator	2016 – 2017
Mental Health in Education Workgroup– WA Mental Health Summit	2017-2019
Washington MTSS Conference Planning Committee Lead	2018-2019
School Behavioral Health and Suicide Prevention Legislative Subcommittee	2020-Present
Idaho Project AWARE Advisory Board	2020-Present
APBS Equity Ad Hoc Committee	2021-Present
APBS Mental Health Committee	2022-Present

Clynita Jefferson Grafenreed
clynita@yahoo.com
713.201.4162 (c)

EDUCATION

TEXAS A&M UNIVERSITY, College Station, Texas
Bachelor of Science, Psychology, *magna cum laude*, 1993

TEXAS A&M UNIVERSITY, College Station, Texas
Doctor of Philosophy, School Psychology, 1998 (APA approved)

PROFESSIONAL LICENSES/CREDENTIALS

Licensed Specialist in School Psychology (Texas) #3-1314
Licensed Psychologist (Texas) #3-1537

INTERNSHIP TRAINING

CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT, Houston, Texas
Pre-doctoral Intern, Psychological Services, 1997-1998 (APA approved)

EMPLOYMENT HISTORY

University of Washington School Mental Health Assessment, Research and Training (SMART) Center, Seattle, Washington
Continuing Education Specialist, September 2022 -present

Lead content development, delivery and dissemination of orientations and trainings on the broad topics of evidence-based school mental health, universal school-wide strategies to support student mental health, healing-centered and trauma responsive school-based services, multi-tiered systems of supports (MTSS), Positive Behavioral Interventions and Supports (PBIS) and Interconnected Systems Framework (ISF). Provide coaching support to state, region, school, and district MTSS/PBIS/ISF teams. Facilitate coaching meetings, state/district, and building team meetings.

UNIVERSITY OF TEXAS-ARLINGTON, Arlington, Texas
Adjunct Faculty, August 2021-May 2022

Taught graduate level course in Special Education Legal and Policy Issues

MEADOWS MENTAL HEALTH POLICY INSTITUTE, Dallas, Texas
Senior Director for School Implementation, July 2021-September 2022

Support and implement the Meadows Institute's statewide strategy to support school-linked

mental health across the state's 1,200 school districts. Help to implement a body of school-linked mental health work aimed at deepening the Meadows Institute's impact at the state and local levels through collaborative partnerships with the Texas Education Agency (TEA), Education Service Centers (ESCs), Local Education Agencies (LEAs), individual campuses, education associations, and community-based providers.

REGION 4 EDUCATION SERVICE CENTER, Houston, Texas

Education Specialist, August 2009-June 2021

Provided professional development to educators in positive behavior interventions and supports, school discipline, equity, and mental health; served as the Team Lead on the Behavior Core Team for ten years; led the Texas Behavior Support Network, a statewide network that consisted of representatives from each of the Texas Education Service Centers and the Texas Education Agency. The focus of the Texas Behavior Support Network was to create a system of Positive Behavior Interventions and Supports (PBIS) for students with disabilities and all students attending Texas public schools.

KATY INDEPENDENT SCHOOL DISTRICT, Katy, Texas

School Psychologist/Licensed Specialist in School Psychology, August 2006-June 2009

Provided psychological services including evaluations, behavioral consultations, and counseling to students; participated in pre-referral and special education student meetings; assisted campuses with crisis intervention; consulted with administrators, teachers, and parents; planned and designed interventions; trained school staff in conducting functional behavioral assessments, writing behavior intervention plans, classroom management strategies and suicide prevention; participated on a district training team responsible for planning and implementing future training and support of campuses on classroom management strategies, positive behavior support and improvement of classroom culture and climate.

UNIVERSITY OF HOUSTON-CLEAR LAKE, Houston, Texas

Adjunct Faculty, June 2006-December 2007

Taught graduate level course in Human Growth and Development.

GALENA PARK INDEPENDENT SCHOOL DISTRICT, Houston, Texas

School Psychologist/Licensed Specialist in School Psychology, July 1999-July 2006

Conducted psychological evaluations and behavioral consultations; consulted with administrators, teachers, and parents; facilitated program implementation and behavioral interventions; operated as a staff development instructor for various topics including positive behavior supports, CHAMPs – A Proactive and Positive Approach to Classroom Management, response to intervention, crisis prevention/restraint training, and the Texas Behavior Support Initiative (TBSI).

FORT BEND INDEPENDENT SCHOOL DISTRICT, Sugar Land, Texas

Licensed Specialist in School Psychology Trainee, August 1998-May 1999

Administered, analyzed, and interpreted psychological assessments; provided weekly individual and group counseling to identified populations; consulted with administrators, teachers, and parents; participated in Special Education and student support team meetings to determine appropriate educational planning for students.

HONORS AND AWARDS

- Outstanding Dissertation Award (1999). School Psychology Division, the American Psychological Association (APA)
- Graduated *magna cum laude* (Texas A&M University)
- Equity in Education Day (2017) – City of Houston Proclamation

PROFESSIONAL ASSOCIATIONS

- National Association of School Psychologists (NASP)
- Texas Alliance of Black School Educators (TABSE)
- Fort Worth Area Alliance of Black School Educators (FWAABSE)
- Association for Positive Behavior Support (APBS)
- PBIS National Technical Assistance Center Equity Task Force
- PBIS National Technical Assistance Center Mental Health/Social Emotional Learning Workgroup
- Intercultural Development Research Association–Equity Assistance Center South (IDRA-South) Advisory Committee Member
- Title IV-A Technical Assistance Center (T4PA Center) Subject Matter Expert

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 916001537

DATE: 09/30/2020

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
07/21/2017

University of Washington
 Management Accounting and Analysis
 4300 Roosevelt Way NE, Suite 300
 Box 354966
 Seattle, WA 98195-4966

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
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EFFECTIVE PERIOD

TYPE	FROM	TO	RATE (%)	LOCATION	APPLICABLE TO
FINAL	07/01/2014	06/30/2015	54.50	(1) & (A)	Organized Research
PRED.	07/01/2015	06/30/2017	54.50	(1) & (A)	Organized Research
PRED.	07/01/2017	06/30/2018	55.00	(1) & (A)	Organized Research
PRED.	07/01/2018	06/30/2020	55.50	(1) & (A)	Organized Research
FINAL	07/01/2014	06/30/2015	26.00	(1) & (B)	Organized Research
PRED.	07/01/2015	06/30/2020	26.00	(1) & (B)	Organized Research
FINAL	07/01/2014	06/30/2015	53.00	(1) & (A)	Instruction
PRED.	07/01/2015	06/30/2020	53.00	(1) & (A)	Instruction
FINAL	07/01/2014	06/30/2015	26.00	(1) & (B)	Instruction
PRED.	07/01/2015	06/30/2020	26.00	(1) & (B)	Instruction
FINAL	07/01/2014	06/30/2015	33.80	(1) & (A)	Other Sponsored Activities
PRED.	07/01/2015	06/30/2016	33.80	(1) & (A)	Other Spon Act

ORGANIZATION: University of Washington Management Accounting and Analysis

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2016	06/30/2020	37.00	(1) & (A)	Other Sponsored Activities
FINAL	07/01/2014	06/30/2015	26.00	(1) & (B)	Other Spon Act
PRED.	07/01/2015	06/30/2016	26.00	(1) & (B)	Other Sponsored Activities
PRED.	07/01/2016	06/30/2020	25.00	(1) & (B)	Other Spon Act
FINAL	07/01/2014	06/30/2015	42.00	(1) & (C)	Core Grant
PRED.	07/01/2015	06/30/2016	42.00	(1) & (C)	Core Grant
PRED.	07/01/2016	06/30/2020	38.10	(1) & (C)	Core Grant
FINAL	07/01/2014	06/30/2015	78.00	(1) & (C)	Non-Core Fed
PRED.	07/01/2015	06/30/2016	78.00	(1) & (C)	Non-Core Fed
PRED.	07/01/2016	06/30/2020	83.10	(1) & (C)	Non-Core Fed
FINAL	07/01/2014	06/30/2015	17.00	(1) & (D)	
PRED.	07/01/2015	06/30/2016	17.00	(1) & (D)	
PRED.	07/01/2016	06/30/2020	19.00	(1) & (D)	
FINAL	07/01/2014	06/30/2015	25.00	(2) & (E)	
PRED.	07/01/2015	06/30/2020	25.00	(2) & (E)	
FINAL	07/01/2014	06/30/2015	74.00	(1) & (F)	Organized Research
PRED.	07/01/2015	06/30/2016	74.00	(1) & (F)	Organized Research
PRED.	07/01/2016	06/30/2017	75.00	(1) & (F)	Organized Research
PRED.	07/01/2017	06/30/2019	76.00	(1) & (F)	Organized Research
PRED.	07/01/2019	06/30/2020	76.50	(1) & (F)	Organized Research
PROV.	07/01/2020	Until Amended		(G)	

*BASE

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(1) Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and the portion of each subaward in excess of \$25,000.

(2) Direct salaries and wages including vacation, holiday and sick pay and other paid absences but excluding other fringe benefits.

(A) On-Campus
(B) Off-Campus
(C) Washington National Primate Research Center - see Section II Special Remarks.

(D) Applied Physics Laboratory
(E) Vessel Operations
(F) Lake Union Campus

(G) Use same rates and conditions as those cited for fiscal year ending June 30, 2020.

ORGANIZATION: University of Washington Management Accounting and Analysis

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SECTION I: FRINGE BENEFIT RATES**

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2018	6/30/2019	26.10	(1) & (B)	Faculty & Res. Assoc.
FIXED	7/1/2018	6/30/2019	32.50	(1) & (A)	Medical Residents & Senior Fellows
FIXED	7/1/2018	6/30/2019	17.30	(1) & (A)	Grad. Students
FIXED	7/1/2018	6/30/2019	17.00	(1) & (A)	Post Doc. Trainees
FIXED	7/1/2018	6/30/2019	40.50	(1) & (B)	Class. Staff
FIXED	7/1/2018	6/30/2019	34.10	(1) & (B)	Prof. Staff
FIXED	7/1/2018	6/30/2019	21.10	(1) & (B)	(D)
FIXED	7/1/2018	6/30/2019	21.60	(1) & (B)	(E)
FIXED	7/1/2018	6/30/2019	8.60	(1) & (B)	(F)
FIXED	7/1/2018	6/30/2019	20.90	(1) & (A)	Hourly
FIXED	7/1/2018	6/30/2019	27.80	(1) & (A)	Pre-Doctoral Trainees & Fellows
FIXED	7/1/2018	6/30/2019	60.70	(2) & (C)	Class. Staff
FIXED	7/1/2018	6/30/2019	56.50	(2) & (C)	Prof. Staff
FIXED	7/1/2018	6/30/2019	41.00	(2) & (C)	Faculty & Research Associates
FIXED	7/1/2019	6/30/2020	23.90	(1) & (B)	Faculty & Res. Assoc.
FIXED	7/1/2019	6/30/2020	31.00	(1) & (A)	Medical Residents & Senior Fellows
FIXED	7/1/2019	6/30/2020	21.20	(1) & (A)	Grad. Students
FIXED	7/1/2019	6/30/2020	22.70	(1) & (A)	Post Doc. Trainees
FIXED	7/1/2019	6/30/2020	41.20	(1) & (B)	Class. Staff
FIXED	7/1/2019	6/30/2020	32.10	(1) & (B)	Prof. Staff
FIXED	7/1/2019	6/30/2020	19.10	(1) & (B)	(D)
FIXED	7/1/2019	6/30/2020	21.90	(1) & (B)	(E)
FIXED	7/1/2019	6/30/2020	8.90	(1) & (B)	(F)

ORGANIZATION: University of Washington Management Accounting and Analysis

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FIXED	7/1/2019	6/30/2020	20.90 (1) & (A)	Hourly
FIXED	7/1/2019	6/30/2020	27.10 (1) & (A)	Pre-Doctoral Trainees & Fellows
FIXED	7/1/2019	6/30/2020	64.20 (2) & (C)	Class. Staff
FIXED	7/1/2019	6/30/2020	53.90 (2) & (C)	Prof. Staff
FIXED	7/1/2019	6/30/2020	34.50 (2) & (C)	Faculty & Research Associates

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

(1) Direct salaries and wages including vacation, holiday, and sick pay but excluding other fringe benefits.

(2) Direct salaries and wages excluding vacation, sick leave, holidays, other paid absences and all other fringe benefits.

- (A) Entire University
- (B) All except Applied Physics Laboratory
- (C) Applied Physics Laboratory
- (D) Professional Staff - Global (No Health)
- (E) Professional Staff - Global (No Retirement)
- (F) Professional Staff - Global (No Health or Retirement)

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SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The following fringe benefits are included in the fringe benefit rate(s):

HEALTH INSURANCE, SOCIAL SECURITY & MEDICARE TAXES, WORKERS COMPENSATION, MEDICAL AID & INDUSTRIAL INSURANCE, UWRP, STATE RETIREMENT, UNEMPLOYMENT COMPENSATION, SEPARATION LEAVE PAYMENTS FOR CLASSIFIED & PROFESSIONAL STAFF, AND PAID FAMILY AND MEDICAL LEAVE.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences. Beginning July 1, 2011, unused leave payments made upon separation of Classified and Professional Staff are included in the fringe benefit rates.

Beginning October 1, 1996 the Applied Physics Laboratory (APL) has separate fringe benefit rates from the remainder of the University of Washington. These rates include paid absences. Therefore, charges for direct salaries and wages from APL must exclude charges for paid absences, including vacation, sick leave, holidays, and other paid absences.

DEFINITION OF EQUIPMENT

Prior to 07/01/2016, equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$2,000. Effective 07/01/2016, equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

DEFINITION OF ON-CAMPUS, OFF-CAMPUS AND SPECIAL RATES:

DEFINITION OF OFF-CAMPUS RATE

a. An off-campus program is one that is conducted (1) in leased facilities where space related costs (e.g. rent, utilities and maintenance) are charged directly to the program, or (2) in facilities made available (at no cost) to the program by a non-University organization, or (3) away from the University over an uninterrupted period of time in excess of 30 days for field work. The Off-Campus rate is not to be used as a substitute for the Vessel Operations rate or the Applied Physics Laboratory rate. Even though Pack Forest, Big Beef Creek, and Olympic Natural Resource Center are owned and operated by the University, these facilities are considered to be off campus.

b. Projects conducted at two or more locations:

There are instances where a project supported by a single grant or contract

ORGANIZATION: University of Washington Management Accounting and Analysis

AGREEMENT DATE: 9/30/2020

is conducted at two or more locations, thus requiring special consideration in determining the appropriate indirect cost provision. The following should be observed in such circumstances:

(1) Where the total annual amount of the grant or contract direct costs is less than \$250,000, a single indirect cost rate will be applied. This rate will be the one currently applicable to the location where the preponderance of project salaries is located.

(2) Where the total annual amount of the grant or contract direct costs is \$250,000 or more, the appropriate rate for each location will be applied to the modified total direct costs specifically assigned to the respective location. In the absence of the institution's ability to specifically identify and assign costs to each location, the appropriate rate for each location will be applied to total project costs in the same ratio as direct salary costs incurred at each location during the period covered by the project billing or accounting.

PRIMATE CENTER RATES:

The Washington National Primate Research Center (WNPRC) has two Federally recognized rates for each time period. The NIH Office of the Director Primate Research Center (P51) Core Grant rate is 42.0% for 07/01/14 - 06/30/16. The NIH Office of the Director Primate Research Center (P51) Core Grant rate is 38.1% for 07/01/16 - 06/30/20. The Non-Core Federal Rate of 78.0% for 07/01/14 - 06/30/16 is the sum of the Core Grant (42.0%) and the WNPRC specific F&A expenditures (36.0%). The Non-Core Federal Rate of 83.1% for 07/01/16 - 06/30/20 is the sum of the Core Grant (38.1%) and the WNPRC specific F&A expenditures (45.0%).

This rate agreement updates the fringe benefits only.

NEXT PROPOSAL DUE DATE

A fringe benefit rates proposal based on actual costs for fiscal year ending June 30, 2019 has been received and is under review.

ORGANIZATION: University of Washington Management Accounting and Analysis

AGREEMENT DATE: 9/30/2020

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rates would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rates in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rates to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

University of Washington Management Accounting and Analysis

(INSTITUTION)

(SIGNATURE)

(NAME)

VP Finance

(TITLE)

9/30/20

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S

Digitally signed by Arif M. Karim -

Date: 2020-09-30 15:27:21-05'00

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

9/30/2020

(DATE)

HHS REPRESENTATIVE:

Janet Turner

Telephone:

(415) 437-7820

Letters of Support

1. UW School of Social Work
2. Washington State Office of the Superintendent of Public Instruction (OSPI) letter of agreement
3. IHEs (5)
 - a. UW Social Work
 - b. UW Tacoma
 - c. Eastern Washington University
 - d. Seattle University
 - e. Walla Walla University
4. LEAs
 - a. Medical Lake
 - b. Pasco
 - c. Richland
10. Washington Association of School Social Workers
11. Association of Washington School Principals
12. Rep. Tina Orwall
13. Center for Social Behavior Supports



Michael Spencer, Ph.D.
 Associate Dean for Academic Affairs
 UW School of Social Work
 4101 15th Ave NE
 Seattle, WA 98105

October 23, 2022

Dear Dr. Bruns and Stuber,

I am pleased to provide this letter of support for the **Washington State School Mental Health Service Professional (WA-SMHSP) Demonstration Project**, a proposal to the Office of Elementary and Secondary Education, U.S. Department of Education. If funded, this project will aim to achieve four goals: (1) Increase the number of qualified school mental health (SMH) providers (SMHPs) from diverse backgrounds who work in high-need Local Education Agencies (LEAs); (2) Provide high-quality training to SMHPs on SMH and inclusive practices; (3) Reduce fragmentation via training to LEAs on effective SMH; and (4) Reduce language and cultural barriers to provision of SMH by increasing the proportion of SMHPs that are from diverse backgrounds. The WA-SMHSP project will achieve these goals by:

- 1) Providing conditional grants of \$30,000 to 100 students in the state's five schools of social work (20 per year) over five years in exchange for an agreement to
 - a. complete a specialized practicum placement in a high need LEA;
 - b. complete 45 hours of training on school based mental health and inclusive practices; and,
 - c. commit to two years of employment in a high need LEA after graduation.
- 2) Providing 45 hours of training on SMH and inclusive practices to 40 students annually (20 students receiving conditional grants as well as 20 additional students who are planning to work in schools); and
- 3) Training and consulting with school-based practicum supervisors in LEAs receiving students on evidence -based SMH and inclusive practices as well as effective supervision for participating students.

Faculty and staff at the University of Washington School of Social Work (UW SSW) will work collaboratively with University School of Medicine SMART Center and the State Office of the Superintendent of Public Instruction (OSPI) to:

1. Co-lead the WA-SMHSP and serve on the project's executive committee
2. Serve as the liaison to Institutions of Higher Education (IHEs; Schools of Social Work), ensure agreements with the IHE's are in place and that conditional scholarships are received and signed by recruited students.
3. Co-develop the curricula for the SMH certificate program to be completed by participating SSW students.

4. Provide monthly training on SMH, inclusive practices, and suicide prevention.
5. Coordinate an annual summit for recruited students that is meaningfully executed.
6. Ensure LEA practicum sites are well prepared to support students and new employees in selected schools

If funded, we look forward to our work together to transform school mental health in Washington.

Sincerely,



Michael S. Spencer, Ph.D.
Associate Dean for Academic Affairs
Presidential Term Professor
Director of Native Hawaiian, Pacific Islander, and Oceanic Affairs
Indigenous Wellness Research Institute
Adjunct Faculty, School of Public Health
Depts. of Global Health and Health Services

Old Capitol Building
PO Box 47200
Olympia, WA 98504-7200



Washington Office of Superintendent of
PUBLIC INSTRUCTION
Chris Reykdal, Superintendent

k12.wa.us

October 27, 2022

Re: Letter of Agreement

Dear Dr. Bruns,

I am pleased to provide this letter of agreement confirming the partnership between the Washington State Office of the Superintendent of Public Instruction (OSPI) and the University of Washington to collaboratively implement the **Washington State School Mental Health Service Professional (WA-SMHSP) Demonstration Project**, a proposal to the Office of Elementary and Secondary Education, U.S. Department of Education.

If funded, this project will aim to achieve four goals: (1) Increase the number of qualified school mental health (SMH) providers (SMHPs) from diverse backgrounds who work in high-need Local Education Agencies (LEAs); (2) Provide high-quality training to SMHPs on SMH and inclusive practices; (3) Reduce fragmentation via training to LEAs on effective SMH; and (4) Reduce language and cultural barriers to provision of SMH by increasing the proportion of SMHPs that are from diverse backgrounds. The WA-SMHSP project will achieve these goals by:

- 1) Providing conditional grants of \$30,000 to 100 students in the state's five schools of social work (20 per year) in exchange for an agreement to
 - a. complete a specialized practicum placement in a high need LEA;
 - b. complete 45 hours of training on school based mental health and inclusive practices via the WA-SMHSP Community of Practice; and
 - c. commit to two years of employment in a high need LEA after graduation.
- 2) Providing 45 hours of training on SMH and inclusive practices to 40 students annually (20 students receiving conditional grants as well as 20 additional students seeking to participate in the Community of Practice); and
- 3) Training and consulting with school-based practicum supervisors in LEAs receiving students on evidence -based SMH and inclusive practices as well as effective supervision for participating students.

As per the terms of this agreement, OSPI and UW agree to provide the following respective roles in overseeing the WA-SMHSP project:

The University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences, will:

1. Co-lead the WA-SMHSP and serve on the project's executive committee

2. Distribute conditional grants to Masters of Social Work (MSW) students in the form of payments to the five Washington schools of social work in which the MSW students are enrolled.
3. Provide training and technical assistance to LEAs on high-quality SMH and inclusive practices.
4. Provide training and coaching to supervisors in high-need LEAs hosting practicum students and new School Social Workers completing their two-year service commitments.
5. Evaluate progress and conduct continuous quality assurance (CQI) activities, including collection and reporting of Government Performance and Reporting Act (GPRA) data for this grant program.
6. Provide funding for .25 Full-time equivalent of the WA OSPI School Social Work Liaison position to serve on this project.

The University of Washington School of Social Work (UW SSW) will:

1. Co-lead the WA-SMHSP and serve on the project's executive committee
2. Serve as the liaison to Institutions of Higher Education (IHEs; Schools of Social Work), ensure agreements with the IHE's are in place and that conditional scholarships are received and signed by recruited students.
3. Working with WA OSPI, co-develop the curricula for the SMH certificate program to be completed by participating SSW students.
4. Working with UW SOM, provide monthly training on SMH, inclusive practices, and suicide prevention.
5. Coordinate an annual summit for recruited students is meaningfully executed.
6. Ensure LEA practicum sites are well prepared to support students and new employees in selected schools

The Washington State OSPI will:

1. Co-lead the WA-SMHSP and serve on the project's executive committee.
2. Identify Washington schools and LEAs that qualify as "high-need" per criteria established by the U.S. Department of Education.
3. Working with UW SSW, co-develop the curricula for the SMH certificate program to be completed by participating SSW students and facilitate its formalization in the state of Washington.
4. Co-lead recruitment of LEAs and SSW students statewide through its array of communication efforts out of the Division of Student Engagement and Support.
5. Serve as a liaison to relevant Washington state education and youth mental health committees and subcommittees
6. Inform opportunities for sustaining the initiative via legislation, funding provisos, OSPI decision packages, and complementary state and federal grants and other funding (e.g., Project AWARE, Title IV grants).
7. Provide .25 of the WA OSPI School Social Work Liaison position to this project.

With my counter-signature, WA OSPI hereby agrees to the terms of this Agreement. Good luck with this application and we look forward to working with you on this critically important effort to expand the school mental health workforce in Washington.

For the Washington Office of the Superintendent of Public Instruction:

Anna Marie Dufault

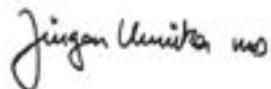
10/27/22

Anna Marie Dufault

Date

Assistant Superintendent, Student Engagement & Support

For the University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences:



10/31/22

Jurgen Unutzer, MD, MPH, MA

Date

Professor and Chair

Psychiatry and Behavioral Sciences

For the University of Washington School of Social Work:



10/31/2022

Edwina Uehara, PhD, MSW

Date

Ballmer Endowed Dean

University of Washington School of Social Work



October 27, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School of Social Work
 4101 15th Ave NE
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

With this letter, the University of Washington at Seattle is pleased to commit to participate in your Washington State School Mental Health Service Professional Demonstration Project (SMHSP). As you know well, with the sharp increase in mental health symptoms among our children and youth, K-12 public schools are increasingly being called upon to provide mental health supports for students in schools where students are most likely to access them. A specific role in great demand is school social workers (SSWs). However, despite their being cited as a critical Educational Staff Associate (ESA) to be available in schools, our state only has 2% of the recommended number of SSWs.

Fortunately, it is no longer the case that our MSW students specializing in mental health will work in behavioral health care settings after graduation. They are actively seeking practicum experiences and employment in settings such as schools. This is just one reason we are so enthusiastic about the SMHSP demonstration project being proposed by the UW School Mental Health Assessment, Research, and Training (SMART) Center and UW School of Social Work. This project will not only offer conditional grants to students who seek to specialize in school mental health and work in K-12 public schools after their training, but will also prioritize students with financial need, who are first generation, and from diverse backgrounds.

We are also excited by the proposal that WA-SMHSP will include development of a rich, multi-pronged training component, to prepare students on multi-tiered systems of support, evidence-based SMH practices, suicide prevention, and inclusive practices. The participating students and local education agencies (LEAs) will also benefit greatly from the proposed training and coaching for practicum supervisors.

As one of the five schools of social work in WA State, UW Seattle regularly educates students who have professional aspirations to become MSWs working with our young people in public K-12 schools. We are excited that the training students will receive in school mental health, suicide prevention, and inclusive practices will be spread out over the second year of the MSW program, and scheduled outside of students' normal academic course schedule, so there won't



be any conflicts with students completing the requirements towards their degree. We are impressed that the U.S. Department of Education funding will provide substantial financial support in the form of conditional grants up to \$30,000 per student, along with the training experiences described above on high-quality, interconnected, school mental health. The student placement stipends to our school and, to school districts who are providing practicum supervision are also appreciated.

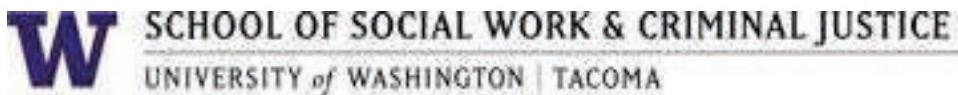
We have experience working on conditional grant programs and are confident that we can implement this demonstration program well in partnership with the University of Washington. We have relationships with several school districts in our area for practicum placements already in place and, through our field education department, we have mechanisms to recruit students we know are committed to working in public K-12 schools.

Good luck with your proposal. We look greatly forward to partnering with you on this important project.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael S. Spencer".

Michael S. Spencer, PhD
Associate Dean of Academic Affairs
Presidential Term Professor
University of Washington
School of Social Work



October 23, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School of Social Work
 4101 15th Ave NE
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

With this letter, the University of Washington School of Social Work and Criminal Justice is pleased to commit to participate in your Washington State School Mental Health Service Professional Demonstration Project (SMHSP). As you know well, with the sharp increase in mental health symptoms among our children and youth, K-12 public schools are increasingly being called upon to provide mental health supports for students in schools where students are most likely to access them. A specific role in great demand is school social workers (SSWs). However, despite their being cited as a critical Educational Staff Associate (ESA) to be available in schools, our state only has 2% of the recommended number of SSWs.

Fortunately, it is no longer the case that our MSW students specializing in mental health will work in behavioral health care settings after graduation. They are actively seeking practicum experiences and employment in settings such as schools. This is just one reason we are so enthusiastic about the SMHSP demonstration project being proposed by the UW School Mental Health Assessment, Research, and Training (SMART) Center and UW School of Social Work. This project will not only offer conditional grants to students who seek to specialize in school mental health and work in K-12 public schools after their training, but will also prioritize students with financial need, who are first generation, and from diverse backgrounds.

We are also excited by the proposal that WA-SMHSP will include development of a rich, multi-pronged training component, to prepare students on multi-tiered systems of support, evidence-based SMH practices, suicide prevention, and inclusive practices. The participating students and local education agencies (LEAs) will also benefit greatly from the proposed training and coaching for practicum supervisors.

As one of the five schools of social work in WA State, the University of Washington Tacoma School of Social Work and Criminal Justice regularly educates students who have professional aspirations to become MSWs working with our young people in public K-12 schools. We are excited that the training students will receive in school mental health, suicide prevention, and inclusive practices will be spread out over the second year of the MSW program, and scheduled outside of students' normal academic course schedule, so there won't be any conflicts with students completing the requirements towards their degree. We are impressed that the U.S. Department of Education funding will provide substantial financial support in the form of conditional grants up to \$30,000 per student, along with the training experiences described above on high-quality, interconnected, school mental health. The student placement stipends to our school and, to school districts who are providing practicum supervision are also appreciated.

Our School has experience working on conditional grant programs and are confident that we can implement this demonstration program well in partnership with the University of Washington. The School of Social Work and Criminal Justice has relationships with several school districts in the South Sound for practicum placements already in place and, through our field education program, we have mechanisms to recruit students we know are committed to working in public K-12 schools.

Good luck with your proposal. We look greatly forward to partnering with you on this important project.

Sincerely,



Keva Miller, PhD, LCSW
Dean & Professor



October 26, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School of Social Work
 4101 15th Ave NE
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

With this letter, Eastern Washington University School of Social Work is pleased to commit to participate in your Washington State School Mental Health Service Professional Demonstration Project (SMHSP). As you know well, with the sharp increase in mental health symptoms among our children and youth, K-12 public schools are increasingly being called upon to provide mental health supports for students in schools where students are most likely to access them. A specific role in great demand is school social workers (SSWs). However, despite their being cited as a critical Educational Staff Associate (ESA) to be available in schools, our state only has 2% of the recommended number of SSWs.

Fortunately, it is no longer the case that our MSW students specializing in mental health will work in behavioral health care settings after graduation. They are actively seeking practicum experiences and employment in settings such as schools. This is just one reason we are so enthusiastic about the SMHSP demonstration project being proposed by the UW School Mental Health Assessment, Research, and Training (SMART) Center and UW School of Social Work. This project will not only offer conditional grants to students who seek to specialize in school mental health and work in K-12 public schools after their training, but will also prioritize students with financial need, who are first generation, and from diverse backgrounds.

We are also excited by the proposal that WA-SMHSP will include development of a rich, multi-pronged training component, to prepare students on multi-tiered systems of support, evidence-based SMH practices, suicide prevention, and inclusive practices. The participating students and local education agencies (LEAs) will also benefit greatly from the proposed training and coaching for practicum supervisors.

As one of the five schools of social work in WA State, Eastern Washington University School of Social Work regularly educates students who have professional aspirations to become MSWs working with our young people in public K-12 schools.

SCHOOL OF SOCIAL WORK

102 Senior Hall | Cheney, WA 99004 | 509.359.4244 | ewu.edu/socialwork

EWU expands opportunities for personal transformation through excellence in learning.



We are excited that the training students will receive in school mental health, suicide prevention, and inclusive practices will be spread out over the second year of the MSW program, and scheduled outside of students' normal academic course schedule, so there won't be any conflicts with students completing the requirements towards their degree. We are impressed that the U.S. Department of Education funding will provide substantial financial support in the form of conditional grants up to \$30,000 per student, along with the training experiences described above on high-quality, interconnected, school mental health. The student placement stipends to our school and, to school districts who are providing practicum supervision are also appreciated.

We have experience working on conditional grant programs and are confident that we can implement this demonstration program well in partnership with the University of Washington. We have relationships with several school districts in our area for practicum placements already in place and, through our field education department, we have mechanisms to recruit students we know are committed to working in public K-12 schools.

Good luck with your proposal. We look greatly forward to partnering with you on this important project.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Reedy".

Amanda Reedy, PhD, MSW

Professor, Chair & Director, School of Social Work
Associate Dean, College of Professional Programs
Eastern Washington University

SCHOOL OF SOCIAL WORK

102 Senior Hall | Cheney, WA 99004 | 509.359.4244 | ewu.edu/socialwork

EWU expands opportunities for personal transformation through excellence in learning.



October 23, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School of Social Work
 4101 15th Ave NE
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

With this letter, Seattle University's Department of Social Work is pleased to commit to participate in your Washington State School Mental Health Service Professional Demonstration Project (SMHSP). We know that because of the increase in mental health symptoms among our children and youth, K-12 public schools are increasingly being called upon to provide school social workers (SSWs) and mental health supports for students in schools where students are most likely to access them. However, despite their being cited as a critical Educational Staff Associate (ESA) to be available in schools, our state only has 2% of the recommended number of SSWs.

Our MSW students specializing in mental health are actively seeking practicum experiences and employment in a variety of settings, including schools. This is just one reason we are so enthusiastic about the SMHSP demonstration project being proposed by the UW School Mental Health Assessment, Research, and Training (SMART) Center and UW School of Social Work. This project will not only offer conditional grants to students who seek to specialize in school mental health and work in K-12 public schools after their training, but will also prioritize students with financial need, who are first generation, and from diverse backgrounds.

We are also excited by the proposal that WA-SMHSP will include development of a rich, multi-pronged training component, to prepare students on multi-tiered systems of support, evidence-based SMH practices, suicide prevention, and inclusive practices. The participating students and local education agencies (LEAs) will also benefit greatly from the proposed training and coaching for practicum supervisors.

As one of the five schools of social work in WA State, Seattle University's Social Work Department regularly educates students who have professional aspirations to become MSWs working with our young people in public K-12 schools. We are excited that the training students will receive in school mental health, suicide prevention, and inclusive practices will be spread out over the second year of the MSW program, and scheduled outside of students' normal academic course schedule, so there won't be any conflicts with students completing the requirements towards their degree. We are impressed that the U.S. Department of Education funding will provide substantial financial support in the form of conditional grants up to \$30,000

per student, along with the training experiences described above on high-quality, interconnected, school mental health. The student placement stipends to our school and, to school districts who are providing practicum supervision are also appreciated.

We have experience working on conditional grant programs and are confident that we can implement this demonstration program well in partnership with the University of Washington. We have relationships with several school districts in our area for practicum placements already in place and, through our field education department, we have mechanisms to recruit students we know are committed to working in public K-12 schools.

Good luck with your proposal. We look greatly forward to partnering with you on this important project.

Sincerely,



Dr. Joseph Nicholas DeFilippis
Associate Professor
Interim MSW Director
Social Work Department

204 S. College Avenue
 College Place, WA 99324
 Undergraduate:
 (509) 527-2273
 fax (509) 527-2270
 Graduate:
 (509) 527-2590
 fax (509) 527-2434
 toll-free (800) 854-8678
socialwork@wallawalla.edu

October 23, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School of Social Work
 4101 15th Ave NE
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

With this letter, Walla Walla University is pleased to commit to participate in your Washington State School Mental Health Service Professional Demonstration Project (SMHSP). As you know well, with the sharp increase in mental health symptoms among our children and youth, K-12 public schools are increasingly being called upon to provide mental health supports for students in schools where students are most likely to access them. A specific role in great demand is school social workers (SSWs). However, despite their being cited as a critical Educational Staff Associate (ESA) to be available in schools, our state only has 2% of the recommended number of SSWs.

Fortunately, it is no longer the case that our MSW students specializing in mental health will work in behavioral health care settings after graduation. They are actively seeking practicum experiences and employment in settings such as schools. This is just one reason we are so enthusiastic about the SMHSP demonstration project being proposed by the UW School Mental Health Assessment, Research, and Training (SMART) Center and UW School of Social Work. This project will not only offer conditional grants to students who seek to specialize in school mental health and work in K-12 public schools after their training, but will also prioritize students with financial need, who are first generation, and from diverse backgrounds.

We are also excited by the proposal that WA-SMHSP will include development of a rich, multi-pronged training component, to prepare students on multi-tiered systems of support, evidence-based SMH practices, suicide prevention, and inclusive practices. The participating students and local education agencies (LEAs) will also benefit greatly from the proposed training and coaching for practicum supervisors.



Missoula campus
 2415 Mullan Road • Missoula, MT 59808
 (406) 549-4928 • toll-free (888) 296-7416
 fax (406) 549-5215

Billings campus
 2520 Fifth Avenue South • Billings, MT 59102
 (406) 254-9907 • toll-free (888) 263-4880
 fax (406) 254-0648

204 S. College Avenue
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(509) 527-2273
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(509) 527-2590
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toll-free (800) 854-8678
socialwork.wallawalla.edu

As one of the five schools of social work in WA State, Walla Walla University regularly educates students who have professional aspirations to become MSWs working with our young people in public K-12 schools. We are excited that the training students will receive in school mental health, suicide prevention, and inclusive practices will be spread out over the second year of the MSW program, and scheduled outside of students' normal academic course schedule, so there won't be any conflicts with students completing the requirements towards their degree. We are impressed that the U.S. Department of Education funding will provide substantial financial support in the form of conditional grants up to \$30,000 per student, along with the training experiences described above on high-quality, interconnected, school mental health. The student placement stipends to our school and, to school districts who are providing practicum supervision are also appreciated.

We have experience working on conditional grant programs and are confident that we can implement this demonstration program well in partnership with the University of Washington. We have relationships with several school districts in our area for practicum placements already in place and, through our field education department, we have mechanisms to recruit students we know are committed to working in public K-12 schools.

Good luck with your proposal. We look greatly forward to partnering with you on this important project.

Sincerely,

Dra. Deisy Haid, DSW, MSW, LCSW

Dean and Associate Professor, School of Social Work & Sociology

Walla Walla University | 204 S. College Ave. | College Place, WA 99324

C: (509) 520-2092 | T: (509) 527-2472 | E: deisy.haid@wallawalla.edu

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Excellence in Thought • Generosity in Service • Beauty in Expression • Faith in God





Medical Lake SCHOOL DISTRICT

October 30, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
Jennifer Stuber, Ph.D., University of Washington School of Social Work
UW School Mental Health Assessment, Research, and Training (SMART) Center
6200 NE 74th St., Building 29, Suite 100
Seattle, WA 98115

Dear Drs. Bruns and Stuber,

Medical Lake School District (MLSD) is pleased to provide this letter of agreement confirming MLSD as an initial participating local education agency (LEA) in the Washington State School Mental Health Service Professional (WA-SMHSP) Demonstration Project, a proposal to the Office of Elementary and Secondary Education, U.S. Department of Education. We also enthusiastically agree to join with the Washington State Office of the Superintendent of Public Instruction (OSPI) and the University of Washington as a member of the initial implementation team for the project.

As you know well from our work together under Washington's ESSER (Elementary and Secondary School Emergency Relief Fund)-funded Interconnected School Mental Health Training and TA project, MLSD has been actively involved in expanding the breadth and depth of its district-wide school mental health strategy. And yet, workforce limitations constrain the degree to which we can capitalize on our commitments to this agenda and benefit from the support we have received from the UW School Mental Health Assessment, Research, and Training (SMART) Center.

Thus, we are very excited about the proposed WA-SMHSP project. This initiative, if funded, will aim to achieve four goals: (1) Increase the number of qualified school mental health (SMH) providers (SMHPs) from diverse backgrounds who work in high-need Local Education Agencies (LEAs); (2) Provide high-quality training to SMHPs on SMH and inclusive practices; (3) Reduce fragmentation via training to LEAs on effective SMH; and (4) Reduce language and cultural barriers to provision of SMH by increasing the proportion of SMHPs that are from diverse backgrounds.

A key provision of the WA-SMHSP project will be to provide conditional grants of \$30,000 to 100 students in the state's five schools of social work (20 per year). In turn, the students will agree to complete a specialized practicum placement in a high need LEA and commit to two years of employment in a high need LEA after graduation.

Medical Lake qualifies as a high-need LEA. Over 48% of our students are low-income in one school and our other schools average between 40-28%, as indicated by their status of qualifying for federal lunch subsidies. Moreover, despite our intensive work to develop and refine our district-wide SMH strategy, we struggle to recruit and retain Master's-level school mental health professionals. Also we have no mental health services within our local community.

As one of the first partnering LEAs in WA-SMHSP, MLSD will commit to the following:

1. Provide a three-day per week (min. 20 hours) practicum placement to no fewer than two second-year MSW students who apply for and receive WA-SMHSP conditional grants in year 1 of the project (2023-24) and at least one annually thereafter.
2. Provide supervision to practicum students.
3. Receive monthly district- and school-level training and coaching from UW SMART on implementation of high-quality MTSS, SMH, and inclusive practices.
4. Receive coaching for supervisors of MSW practicum interns to on supervising practicum students to use evidence-based SMH and suicide prevention strategies.
5. Seek to provide employment to graduating MSW students participating in WA-SMHSP.
6. Participate (virtually) in monthly meetings of the WA-SMHSP implementation team during year 1 (optional/TBN thereafter).
7. Send at least one representative to the first annual WA-MHSP retreat (optional thereafter).

The University of Washington Schools of Medicine and Social Work and UW SMART Center will commit to:

1. Facilitate placement at MLSD of no fewer than two second-year MSW students who apply for and receive WA-SMHSP conditional grants in year 1 of the project (2023-24) and at least one annually thereafter.
2. Provide training and TA to MLSD as a district and selected schools on implementation of high-quality MTSS, SMH, and inclusive practices.
3. Provide coaching for supervisors of MSW practicum interns to on supervising practicum students to use evidence-based SMH and suicide prevention strategies.
4. Provide MLSD with \$2,500 per student intern annually (i.e., minimum \$5,000 in year 1) to offset costs associated with intern supervision.

Good luck with this application. We look forward to working with you on this critically important effort to expand the school mental health workforce in Washington.

Most Sincerely,





Pasco School District #1

C. L. Booth Education Service Center
1215 W. Lewis Street • Pasco, Washington 99301

Mira Gobel, Assistant Superintendent of Schools and Social Emotional Learning
(509) 416-7927

October 31, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
Jennifer Stuber, Ph.D., University of Washington School of Social Work
UW School Mental Health Assessment, Research, and Training (SMART) Center
6200 NE 74th St., Building 29, Suite 100
Seattle, WA 98115

Dear Drs. Bruns and Stuber,

Pasco School District (PSD) is pleased to provide this letter of agreement confirming PSD as an initial participating local education agency (LEA) in the Washington State School Mental Health Service Professional (WA-SMHSP) Demonstration Project, a proposal to the Office of Elementary and Secondary Education, U.S. Department of Education. We also enthusiastically agree to join with the Washington State Office of the Superintendent of Public Instruction (OSPI) and the University of Washington as a member of the initial implementation team for the project.

PSD has prioritized implementing Multi-Tiered System of Supports for student social, emotional, and behavioral needs in connection with district strategic objectives. This priority includes the expansion of school-based mental health supports, and PSD has engaged in innovative efforts to increase the breadth and depth of the district-wide school mental health strategy and will be participating in the upcoming cohort with the UW School Mental Health Assessment, Research and Training (SMART) Center. Despite our excitement for this work, workforce limitations constrain the degree to which we can successfully implement an integrated tiered system of supports including school-based mental health.

Thus, we are very excited about the proposed WA-SMHSP project. This initiative, if funded, will aim to achieve four goals: (1) Increase the number of qualified school mental health (SMH) providers (SMHPs) from diverse backgrounds who work in high-need Local Education Agencies (LEAs); (2) Provide high-quality training to SMHPs on SMH and inclusive practices; (3) Reduce fragmentation via training to LEAs on effective SMH; and (4) Reduce language and cultural barriers to provision of SMH by increasing the proportion of SMHPs that are from diverse backgrounds.

A key provision of the WA-SMHSP project will be to provide conditional grants of \$30,000 to 100 students in the state's five schools of social work (20 per year). In turn, the students will agree to complete a specialized practicum placement in a high need LEA and commit to two years of employment in a high need LEA after graduation.

Pasco qualifies as a high-need LEA. Over 70% of our students are low-income, as indicated by their status of qualifying for federal lunch subsidies. Moreover, despite our work to develop and refine our district-wide SMH strategy, we struggle to recruit and retain Master's-level school mental health professionals.

Celebrating academics, diversity, and innovation.

As one of the first partnering LEAs in WA-SMHSP, PSD will commit to the following:

1. Provide a three-day per week (min. 20 hours) practicum placement to no fewer than two second-year MSW students who apply for and receive WA-SMHSP conditional grants in year 1 of the project (2023-24) and at least one annually thereafter.
2. Provide supervision to practicum students.
3. Receive monthly district- and school-level training and coaching from UW SMART on implementation of high-quality MTSS, SMH, and inclusive practices.
4. Receive coaching for supervisors of MSW practicum interns to on supervising practicum students to use evidence-based SMH and suicide prevention strategies.
5. Seek to provide employment to graduating MSW students participating in WA-SMHSP.
6. Participate (virtually) in monthly meetings of the WA-SMHSP implementation team during year 1 (optional/TBN thereafter).
7. Send at least one representative to the first annual WA-MHSP retreat (optional thereafter).

The University of Washington Schools of Medicine and Social Work and UW SMART Center will commit to:

1. Facilitate placement at PSD of no fewer than two second-year MSW students who apply for and receive WA-SMHSP conditional grants in year 1 of the project (2023-24) and at least one annually thereafter.
2. Provide training and TA to PSD as a district and selected schools on implementation of high-quality MTSS, SMH, and inclusive practices.
3. Provide coaching for supervisors of MSW practicum interns to on supervising practicum students to use evidence-based SMH and suicide prevention strategies.
4. Provide PSD with \$2,500 per student intern annually (i.e., minimum \$5,000 in year 1) to offset costs associated with intern supervision.

Good luck with this application. We look forward to working with you on this critically important effort to expand the school mental health workforce in Washington.

Sincerely,



Mira Gobel
Assistant Superintendent of Schools and Social-Emotional Learning



October 22, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
Jennifer Stuber, Ph.D., University of Washington School of Social Work
UW School Mental Health Assessment, Research, and Training (SMART) Center
6200 NE 74th St., Building 29, Suite 100
Seattle, WA 98115

Dear Drs. Bruns and Stuber,

Richland School District (RSD) is pleased to provide this letter of agreement confirming RSD as an initial participating local education agency (LEA) in the Washington State School Mental Health Service Professional (WA-SMHSP) Demonstration Project, a proposal to the Office of Elementary and Secondary Education, U.S. Department of Education. We also enthusiastically agree to join with the Washington State Office of the Superintendent of Public Instruction (OSPI) and the University of Washington as a member of the initial implementation team for the project.

As you know well from our work together under Washington's ESSER (Elementary and Secondary School Emergency Relief Fund)-funded Interconnected School Mental Health Training and TA project, RSD has been actively involved in expanding the breadth and depth of its district-wide school mental health strategy. And yet, workforce limitations constrain the degree to which we can capitalize on our commitments to this agenda and benefit from the support we have received from the UW School Mental Health Assessment, Research, and Training (SMART) Center.

Thus, we are very excited about the proposed WA-SMHSP project. This initiative, if funded, will aim to achieve four goals: (1) Increase the number of qualified school mental health (SMH) providers (SMHPs) from diverse backgrounds who work in high-need Local Education Agencies (LEAs); (2) Provide high-quality training to SMHPs on SMH and inclusive practices; (3) Reduce fragmentation via training to

LEAs on effective SMH; and (4) Reduce language and cultural barriers to provision of SMH by increasing the proportion of SMHPs that are from diverse backgrounds.

A key provision of the WA-SMHSP project will be to provide conditional grants of \$30,000 to 100 students in the state's five schools of social work (20 per year). In turn, the students will agree to complete a specialized practicum placement in a high need LEA and commit to two years of employment in a high need LEA after graduation.

Richland qualifies as a high-need LEA. Over 40% of our students are low-income, as indicated by their status of qualifying for federal lunch subsidies. Moreover, despite our intensive work to develop and refine our district-wide SMH strategy, we struggle to recruit and retain Master's-level school mental health professionals. As an indication, we are home to two previous Washington School Social Workers of the Year. And yet, we have only X MSW-level school social workers total. This represents a lower ratio than the state as a whole.

As one of the first partnering LEAs in WA-SMHSP, RSD will commit to the following:

1. Provide a three-day per week (min. 20 hours) practicum placement to no fewer than two second-year MSW students who apply for and receive WA-SMHSP conditional grants in year 1 of the project (2023-24) and at least one annually thereafter.
2. Provide supervision to practicum students.
3. Receive monthly district- and school-level training and coaching from UW SMART on implementation of high-quality MTSS, SMH, and inclusive practices.
4. Receive coaching for supervisors of MSW practicum interns to on supervising practicum students to use evidence-based SMH and suicide prevention strategies.
5. Seek to provide employment to graduating MSW students participating in WA-SMHSP.
6. Participate (virtually) in monthly meetings of the WA-SMHSP implementation team during year 1 (optional/TBN thereafter).
7. Send at least one representative to the first annual WA-MHSP retreat (optional thereafter).

The University of Washington Schools of Medicine and Social Work and UW SMART Center will commit to:

1. Facilitate placement at RSD of no fewer than two second-year MSW students who apply for and receive WA-SMHSP conditional grants in year 1 of the project (2023-24) and at least one annually thereafter.
2. Provide training and TA to RSD as a district and selected schools on implementation of high-quality MTSS, SMH, and inclusive practices.
3. Provide coaching for supervisors of MSW practicum interns to on supervising practicum students to use evidence-based SMH and suicide prevention strategies.
4. Provide RSD with \$2,500 per student intern annually (i.e., minimum \$5,000 in year 1) to offset costs associated with intern supervision.

Good luck with this application. We look forward to working with you on this critically important effort to expand the school mental health workforce in Washington.

Sincerely,

A handwritten signature in black ink, appearing to read "Tory Christensen".

Tory Christensen
Executive Director of Behavioral Health Services



Washington Association of School Social Workers
The Vital Link Between Home, School and Community

October 22, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School Mental Health Assessment, Research, and Training (SMART) Center
 6200 NE 74th St., Building 29, Suite 100
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

The Washington Association of School Social Workers (WASSW) will be pleased to play a key role in your Washington State School Mental Health Service Professional Demonstration Project (WA-SMHSP), currently under review for potential funding by the U.S. Department of Education.

Washington State is experiencing a crisis in youth mental health that demands attention. Over half of our middle and high school students report symptoms of anxiety and depression. Twenty percent of our K-12 students have experienced a major depressive episode in the past year, a rate that is 25% higher than that of the nation as a whole. As you well know, our K-12 public schools are now being called upon to provide mental health supports for students in schools as never before.

School Social Workers play a key role in schools and districts, providing the link between home, school, and the community. As members of the educational team, School Social Workers facilitate the educational, social, and emotional development of students by decreasing the impact of barriers to academic success. School Social Work services include assessment of student social/emotional needs, provision of individual and group interventions, preventive education and crisis intervention, collaboration and consultation with community agencies, and convening and facilitation of school teams to address student needs. Among the many types of Educational Staff Associate (ESA), school social workers possess unique breadth and depth of potential roles in supporting students, families, and their education colleagues.

However, Washington State currently has only one School Social Worker for every 1,100 students. That is 1/50th the recommended ratio. For this reason – and many others – we are extremely excited by your proposal to distribute conditional grants to grow our field. We are also excited by the proposal that WA-SMHSP will incorporate a rich, multi-pronged training component, to prepare students on multi-tiered system of supports, evidence-based SMH practices, suicide prevention, and inclusive practices. The

WASHINGTON ASSOCIATION OF SCHOOL SOCIAL WORKERS

MAKING A DIFFERENCE



Washington Association of School Social Workers
The Vital Link Between Home, School and Community

participating students and local education agencies (LEAs) will also benefit greatly from the proposed training and coaching for practicum supervisors.

The mission of WASSW is to promote and develop the profession of school social work and to empower school social workers as anti-racist educators dedicated to social justice and the mental health and well-being of our school communities. As such, the proposed WA-SMHSP is well-aligned with our mission, and we will be well situated to serve as a partner among its many stakeholders, including our state education agency, OSPI, and the participating institutes of higher learning (IHEs) and LEAs.

As a partner in WA-SMHSP, WASSW will:

- Collaborate in training and professional development opportunities, including development and delivery of the school mental health curriculum for schools of social work;
- Aid in the development and refinement of approaches to providing training and technical assistance to participating LEAs;
- Advise the refinement of the Educational Service Associate (ESA) certification process as it applies to School Social Workers;
- Support recruitment and other communications through WASSW social media and email/newsletter platforms; and
- Provide testimony/support for sustainability and expansion through WASSW's Legislative Action Committee.

WASSW believes this project holds great promise. It will not just grow our statewide School Social Work workforce by over 10%, it promises to galvanize a more cohesive and well-resourced approach to building the school mental health workforce in Washington. We look greatly forward to partnering with you on this important project.

Sincerely,

Michelle Sorensen, MSW, LICSW

On behalf of the Washington Association of School Social Worker's Leadership Collaboration Team

WASHINGTON ASSOCIATION OF SCHOOL SOCIAL WORKERS

MAKING A DIFFERENCE



Strong principals. Strong schools. Strong students.

1021 8th Ave. SE, Olympia, WA 98501 | www.awsp.org
360.357.7951 | 800.562.6100 | fax: 360.357.7966
facebook.com/awsp.principals | awsp_principals@awsp.org

October 22, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
Jennifer Stuber, Ph.D., University of Washington School of Social Work
UW School Mental Health Assessment, Research, and Training (SMART) Center
6200 NE 74th St., Building 29, Suite 100
Seattle, WA 98115

Dear Drs. Bruns and Stuber,

The Association of Washington School Principals (AWSP) is pleased to provide this enthusiastic letter of support for the *Washington State School Mental Health Service Professional Demonstration Project (WA-SMHSP)*, currently under review for potential funding by the U.S. Department of Education.

As a professional organization representing school leaders, AWSP knows K-12 public schools are being called upon to provide mental health supports for students in schools as never before. Over half of our secondary students report symptoms of anxiety and depression and one in five has expressed suicidal ideation. The data is similar for elementary-aged students. Effective school mental health strategies don't only address students' wellness, they improve academic achievement as well.

Principals and Assistant Principals rely on our Education Service Associates to play a key role in schools and districts, providing a link between home, school, and the community. School Social Workers are fluent at facilitating the educational, social, and emotional development of students via assessment of student social/emotional needs, provision of individual and group interventions, preventive education and crisis intervention, collaboration and consultation with community agencies, and convening and facilitation of school teams to address student needs.

However, the majority of our school leaders report that a lack of mental health providers is an urgent barrier to be addressed in Washington State. For this reason – and many others – we are extremely excited by the WA-SMHSP proposal to grow the school mental health workforce via conditional grants to school social work trainees. The participating students and districts will also benefit greatly from the proposed focus on high-quality training and coaching.

As a partner in WA-SMHSP, AWSP will advise development of the proposed training and professional development activities, attend the annual stakeholder meeting, support recruitment and other communications through AWSP internal and external communications, and provide testimony/support for sustainability and expansion.

The WA-SMHSP project promises to be an effective strategy to grow a more effective and well-resourced school mental health workforce in Washington. We look greatly forward to partnering with you on this important project.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jack Arend".

Jack Arend
AWSP Deputy Director

STATE REPRESENTATIVE
13th LEGISLATIVE DISTRICT
TINA L. ORWELL, M.S.W.

State of Washington
House of Representatives



FINANCE
CIVIL RIGHTS & JUDICIARY
PUBLIC SAFETY
RULES

October 27, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School Mental Health Assessment, Research, and Training (SMART) Center
 6200 NE 74th St., Building 29, Suite 100
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

Nationally and in Washington State we are experiencing a crisis in youth mental health that demands immediate and concerted attention. Over half of our middle and high school students report symptoms of anxiety and depression. Twenty percent of our K-12 students have experienced a major depressive episode in the past year. For Washington State, that rate is 25% higher than that of the nation as a whole.

As a result, our K-12 public schools are now being called upon to provide mental health supports for students in schools as never before. However, we are also experiencing a mental health workforce crisis nationally and in Washington State. For this reason, among many, I applaud your effort to develop this proposal to the U.S. Department of Education, entitled the ***Washington State School Mental Health Service Professional (WA-SMHSP) Demonstration Project***.

This project will provide conditional grants to Master of Social Work trainees who seek to work in public K-12 schools. In exchange, these students will commit to completing their practicum in a K-12 public school and then working for two years in a high-need district. The project will also provide high-quality training to these aspiring school mental health practitioners on how to effectively serve in this role. Finally, it will aim to address the fragmentation noted in WA state's school mental health audit by providing consultation and training to participating districts on effective school mental health and inclusive practices as well as effective supervision for its participating students.

I believe this project holds great promise and will complement other work on school mental health that is happening legislatively. It will not just increase our statewide School Social Work workforce by over 10%, it promises to serve as one strategy among several now being championed by Washington's Office of the Superintendent of Public Instruction and in the Washington State legislature. Personally, I am committed to championing state action to address the need for accessible, school-based mental health services for children and adolescents.

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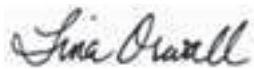
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Working with our state agencies, Washington Association of School Social Workers, local education agencies, school districts, and others, I am convinced we can build a more cohesive and well-resourced approach to developing the school mental health workforce in Washington.

I look greatly forward to working with you and your many collaborators on this important project and others to help address our crisis in youth mental health. Best of luck on your proposal.

Sincerely,



Representative Tina L. Orwall, M.S.W.
33rd Legislative District



October 31, 2022

Eric J. Bruns, Ph.D., University of Washington School of Medicine
 Jennifer Stuber, Ph.D., University of Washington School of Social Work
 UW School Mental Health Assessment, Research, and Training (SMART) Center
 6200 NE 74th St., Building 29, Suite 100
 Seattle, WA 98115

Dear Drs. Bruns and Stuber,

I am writing to express the commitment for your Washington State School Mental Health Service Professional Demonstration Project (WA-SMHSP), currently under review for potential funding by the U.S. Department of Education. In my role as Director of Center on Social Behavior Supports, I serve as an Implementer Partner with the United States Office of Special Education Programs (OSEP)'s National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS), where I assist with large-scale implementation of PBIS by providing training and technical assistance to states and districts across the country. As a co-developer of the Interconnected Systems Framework (ISF), a mental health and PBIS expansion effort, I have developed systems coaching materials, tools, and curriculum that help build capacity of educators and clinicians.

Washington State is experiencing a crisis in youth mental health that demands attention. Over half of our middle and high school students report symptoms of anxiety and depression. Twenty percent of our K-12 students have experienced a major depressive episode in the past year, a rate that is 25% higher than that of the nation as a whole. As you well know, our K-12 public schools are now being called upon to provide mental health supports for students in schools as never before.

School Social Workers play a key role in schools and districts, providing the link between home, school, and the community. As members of the educational team, School Social Workers facilitate the educational, social, and emotional development of students by decreasing the impact of barriers to academic success. School Social Work services include assessment of student social/emotional needs, provision of individual and group interventions, preventive education and crisis intervention, collaboration and consultation with community agencies, and convening and facilitation of school teams to address student needs. Among the many types of Educational Staff Associate (ESA), school social workers possess unique breadth and depth of potential roles in supporting students, families, and their education colleagues.

However, Washington State currently has only one School Social Worker for every 1,100 students. That is 1/50th the recommended ratio. For this reason – and many others – we are extremely excited by your proposal to distribute conditional grants to grow our field. We are also excited by the proposal that WA-SMHSP will incorporate a rich, multi-pronged training component, to prepare students on multi-tiered system of supports, evidence-based SMH practices, suicide prevention, and inclusive practices. The participating students and local education agencies (LEAs) will also benefit greatly from the proposed training and coaching for practicum supervisors.

The mission of WASSW is to promote and develop the profession of school social work and to empower school social workers as anti-racist educators dedicated to social justice and the mental health and well-being of our school communities. As such, the proposed WA-SMHSP is well-aligned with our mission,



and we will be well situated to serve as a partner among its many stakeholders, including our state education agency, OSPI, and the participating institutes of higher learning (IHEs) and LEAs.

As a partner in WA-SMHSP, WASSW will:

1. Collaborate in training and professional development opportunities, including development and delivery of the school mental health curriculum for schools of social work;
2. Aid in the development and refinement of approaches to providing training and technical assistance to participating LEAs;

CSBS believes this project holds great promise. It will not just grow our statewide School Social Work workforce by over 10%, it promises to galvanize a more cohesive and well-resourced approach to building the school mental health workforce in Washington. We look greatly forward to partnering with you on this important project.

Sincerely,

A handwritten signature in black ink that appears to read "Susan Barrett".

Director, Center for Social Behavior Supports
Old Dominion University

Implementer Partner
Center on PBIS

Bibliography

- Anderson, C. M., & Borgmeier, C. (2010). Tier II interventions within the framework of school-wide positive behavior support: Essential features for design, implementation, and maintenance. *Behavior Analysis in Practice*, 3(1), 33–45. <https://doi.org/10.1007/BF03391756>
- Barrett, S., Eber, L., & Weist, M. (2013). Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support.
- Bradshaw, C. P., Waasdorp, T. E., Debnam, K. J., & Johnson, S. L. (2014). Measuring school climate in high schools: A focus on safety, engagement, and the environment. *Journal of school health*, 84(9), 593-604.
- Brunswick, E. J., Duong, M. T., Lyon, A. R., Pullmann, M. D., Cook, C. R., Cheney, D., & McCauley, E. (2016). Fostering SMART partnerships to develop an effective continuum of behavioral health services and supports in schools. *American Journal of Orthopsychiatry*, 86(2), 156.
- Brunswick, E. J., Pullmann, M. D., Nicodimos, S., Lyon, A. R., Ludwig, K., Namkung, N., & McCauley, E. (2019). Pilot test of an engagement, triage, and brief intervention strategy for school mental health. *School Mental Health*, 11(1), 148-162.
- Brunswick, E. J., Walrath, C., Glass-Siegel, M., & Weist, M. D. (2004). School-based mental health services in Baltimore: Association with school climate and special education referrals. *Behavior Modification*, 28(4), 491–512. <https://doi.org/10.1177/0145445503259524>
- Bushaw, W. J., & Lopez, S. J. (2010). A time for change: The 42nd annual Phi Delta Kappa/Gallup Poll of the public's attitudes toward the public schools. *Phi Delta Kappan*, 92(1), 8–26. <https://doi.org/10.1177/003172171009200103>
- Carter, E. W., Lane, K. L., Pierson, M. R., & Glaeser, B. (2006). Self-determination skills and opportunities of transition-age youth with emotional disturbance and learning disabilities. *Exceptional Children*, 72(3), 333–346. <https://doi.org/10.1177/001440290607200305>
- Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: A framework for evidence-based practice. *School Mental Health*, 11(1), 40–53. <https://doi.org/10.1007/s12310-018-9256-5>
- Cook, B. G., & Odom, S. L. (2013). Evidence-based practices and implementation science in special education. *Exceptional Children*, 79(3), 135–144. <https://doi.org/10.1177/001440291307900201>.
- Council on Social Work Education. (2015). *Educational policy and accreditation standards*. <http://www.cswe.org/File.aspx?id=81660>.
- Domitrovich, C. E., Moore, J. E., & Greenberg, M. T. (2012). Maximizing the effectiveness of social-emotional interventions for young children through high-quality implementation of evidence-based interventions. In B. Kelly & D. F. Perkins (Eds.), *Handbook of implementation*

- science for psychology in education* (pp. 207–229). Cambridge University Press. <https://doi.org/10.1017/CBO9781139013949.017>
- Duong, M. T., Bruns, E. J., Lee, K., Cox, S., Coifman, J., Mayworm, A., & Lyon, A. R. (2021). Rates of mental health service utilization by children and adolescents in schools and other common service settings: A systematic review and meta-analysis. *Administration and Policy in Mental Health and Mental Health Services Research*, 48(3), 420-439.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432. <https://doi.org/10.1111/j.1467-8624.2010.01564.x>
- Egalite, A.J., and Kisida, B. (2018). The Effects of Teacher Match on Students' Academic Perceptions and Attitudes. *Educational Evaluation and Policy Analysis*, 40(1): 59–81.
- Egalite, A.J., Kisida, B., and Winters, M.A. (2015). Representation in the Classroom: The Effect of Own-Race Teachers on Student Achievement. *Economics of Education Review*, 45, 44–52.
- Evans, S. (1999). Mental health services in schools: Utilization, effectiveness, and consent. *Clinical Psychology Review*, 19(2), 165–178.
- Evans, S. W., & Weist, M. D. (2004). Commentary: Implementing empirically supported treatments in the schools: What are we asking? *Clinical Child and Family Psychology Review*, 7(4), 263–267. <https://doi.org/10.1007/s10567-004-6090-0>
- Eyal, N., & Bärnighausen, T. (2012). Precommitting to serve the underserved. *The American Journal of Bioethics*, 12(5), 23-34. <https://doi.org/10.1080/15265161.2012.665134>.
- Fabiano, G. A., & Evans, S. W. (2019). Introduction to the special issue of School Mental Health on best practices in effective multi-tiered intervention frameworks. *School Mental Health*, 11(1), 1–3. <https://doi.org/10.1007/s12310-018-9283-2>
- Frey, A. J., Alvarez, M. E., Sabatino, C. A., Lindsey, B. C., Dupper, D. R., Raines, J. C., . . . Norris, M. P. (2012). The development of a national school social work practice model. *Children & Schools*, 34(3), 131–134. <https://doi.org/10.1093/cs/cds025>
- Gattman, N. E., McCarty, R. L., Balassa, A., & Skillman, S. M. (2017). Washington State behavioral health workforce assessment. Olympia, WA: Washington Workforce Training and Education Coordinating Board.
- Gershenson, S., Holt, S.B., and Papageorge, N.W. (2016). Who Believes in Me? The Effect of Student-Teacher Demographic Match on Teacher Expectations. *Economics of Education Review*, 52, 209–224.
- Graczyk, P. A., Domitrovich, C. E., & Zins, J. E. (2003). Facilitating the implementation of evidence-based prevention and mental health promotion efforts in schools. In Mark D. Weist, S. W. Evans, & N. A. Lever (Eds.), *Handbook of School Mental Health Advancing Practice and Research* (pp. 301–318). https://doi.org/10.1007/978-0-387-73313-5_21

Greenberg, M. T., Domitrovich, C. E., & Bumbarger, B. (2000). *Preventing mental disorders in school-age children: A review of the effectiveness of prevention programs* (pp. 1–147). Retrieved from Center for Mental Health Services (CMHS) website:

<http://scripts.cac.psu.edu/dept/prevention/CMHS.PDF>

Jones, A. M., West, K. B., & Suveg, C. (2019). Anxiety in the school setting: A framework for evidence-based practice. *School Mental Health*, 11(1), 4–14. <https://doi.org/10.1007/s12310-017-9235-2>

Kataoka, S., Jaycox, L. H., Wong, M., Nadeem, E., Langley, A., Tang, L., & Stein, B. D. (2011). Effects on school outcomes in low-income minority youth: Preliminary findings from a community-partnered study of a school-based trauma intervention. *Ethnicity & Disease*, 21(3 Suppl 1), S1-71–77.

Kataoka, S., Stein, B. D., Nadeem, E., & Wong, M. (2007). Who gets care? Mental health service use following a school-based suicide prevention program. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(10), 1341–1348.

<https://doi.org/10.1097/chi.0b013e31813761fd>

Kelly, M. S. (2008). *The domains and demands of school social work practice: A guide to working effectively with students, families and schools*. Oxford University Press

Kelly, M. S., Frey, A. J., Alvarez, M., Berzin, S. C., Shaffer, G., & O'Brien, K. (2010). School social work practice and response to intervention. *Children & Schools*, 32(4), 201–209.

<https://doi.org/10.1093/cs/32.4.201>

Kelly, M. S., Frey, A., Thompson, A., Klemp, H., Alvarez, M., & Berzin, S. C. (2015). Assessing the national school social work practice model: Findings from the second national school social work survey. *Social Work*, 61(1), 17–28. <https://doi.org/10.1093/sw/swv044>

Klein, J., Cornell, D., & Konold, T. (2012). Relationships between bullying, school climate, and student risk behaviors. *School Psychology Quarterly: The Official Journal of the Division of School Psychology, American Psychological Association*, 27(3), 154–169.

<https://doi.org/10.1037/a0029350>

Lochman, J. E., & Wells, K. C. (2003). Effectiveness of the coping power program and of classroom intervention with aggressive children: Outcomes at a 1-year follow-up. *Behavior Therapy*, 34(4), 493–515. [https://doi.org/10.1016/S0005-7894\(03\)80032-1](https://doi.org/10.1016/S0005-7894(03)80032-1)

Lucio, R., Campbell, M., & Kelly, M. S. (2020). The use of data in decision making for school-based social work. *International Journal of School Social Work*, 5(1), 1. <https://doi.org/10.4148/2161-4148.1048>

Lyon, A. R., Bruns, E. J., Weathers, E. S., Canavas, N., Ludwig, K., Vander Stoep, A., ... McCauley, E. (2014a). Taking evidence-based practices to school: Using expert opinion to develop a brief, evidence-informed school-based mental health intervention. *Advances in School Mental Health Promotion*, 7(1), 42–61. <https://doi.org/10.1080/1754730X.2013.857903>

Lyon, A. R., Ludwig, K., Romano, E., Koltracht, J., Vander Stoep, A., & McCauley, E. (2014b). Using modular psychotherapy in school mental health: Provider perspectives on intervention-setting fit. *Journal of Clinical Child & Adolescent Psychology*, 43(6), 890–901.
<https://doi.org/10.1080/15374416.2013.843460>

Lyon, A. R., Stirman, S. W., Kerns, S. E., & Bruns, E. J. (2011). Developing the mental health workforce: Review and application of training approaches from multiple disciplines. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(4), 238–253.

McIntosh, K., & Goodman, S. (2016). *Integrated multi-tiered systems of support: Blending RTI and PBIS*. Guilford Publications.

Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., ... Swendsen, J. (2010). Lifetime prevalence of mental disorders in us adolescents: Results from the National Comorbidity Study-Adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980–989. <https://doi.org/10.1016/j.jaac.2010.05.017>

Merry, S. N., Hetrick, S. E., Cox, G. R., Brudevold-Iversen, T., Bir, J. J., & McDowell, H. (2011). Psychological and educational interventions for preventing depression in children and adolescents. *The Cochrane Database of Systematic Reviews*, (12), CD003380.
<https://doi.org/10.1002/14651858.CD003380.pub3>

Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*, 138(6).
<https://doi.org/10.1542/peds.2016-1878>

Nadeem, E., Lange, J. M., & Miranda, J. (2008). Mental health care preferences among low-income and minority women. *Archives of Women's Mental Health*, 11(2), 93-102. doi: 10.1007/s00737-008-0002-0.

National Association of Elementary School Principals. (2018). *The pre-K-8 school leader in 2018: A ten year study* (p. 115). Retrieved from National Association of Elementary School Principals website: <https://www.naesp.org/sites/default/files/NAESP%2010-YEAR%20REPORT%202018.pdf>

Nelson, J. R., Benner, G. J., Lane, K. L., & Smith, B. W. (2004). Academic achievement of K-12 students with emotional and behavioral disorders. *Exceptional Children*, 71(1), 59–73.

Office of the Superintendent of Public Instruction. (2021). Washington State report card. <https://washingtonstatereportcard.ospi.k12.wa.us/>.

Office of the Washington State Auditor, Pat McCarthy. (2021). *K-12 Behavioral Health in Washington: Opportunities to improve access to needed supports and services*.

Olson, J. R., Lucy, M., Kellogg, M. A., Schmitz, K., Berntson, T., Stuber, J., & Bruns, E. J. (2021). What Happens When Training Goes Virtual? Adapting Training and Technical

Assistance for the School Mental Health Workforce in Response to COVID-19. *School Mental Health*, 13(1), 160-173.

Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P., Farmer, P., & Graham, T. (2003). Reducing psychiatric stigma and discrimination: Evaluation of educational interventions in UK secondary schools. *The British Journal of Psychiatry*, 182(4), 342–346. <https://doi.org/10.1192/bjp.182.4.342>

Pullmann, M. D., VanHooser, S., Hoffman, C., & Heflinger, C. A. (2009). Barriers to and supports of family participation in a rural system of care for children with serious emotional problems. *Community Mental Health Journal*, 46(3), 211–220. <https://doi.org/10.1007/s10597-009-9208-5>

Pullmann, M. D., Weathers, E. S., Hensley, S., & Bruns, E. J. (2013). Academic outcomes of an elementary school-based family support programme. *Advances in School Mental Health Promotion*, 6(4), 231–246. <https://doi.org/10.1080/1754730X.2013.832007>

Reinert, M., Fritze, D., & Nguyen, T. (2022). “The State of Mental Health in America 2023” Mental Health America, Alexandria VA. <https://mhanational.org/issues/state-mental-health-america>

Schachter, H. M., Girardi, A., Ly, M., Lacroix, D., Lumb, A. B., van Berkom, J., & Gill, R. (2008). Effects of school-based interventions on mental health stigmatization: A systematic review. *Child and Adolescent Psychiatry and Mental Health*, 2, 18. <https://doi.org/10.1186/1753-2000-2-18>

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. *Jama*, 290(5), 603-611.

Stephan, S. H., Sugai, G., Lever, N., & Connors, E. (2015). Strategies for integrating mental health into schools via a multitiered system of support. *Child and Adolescent Psychiatric Clinics of North America*, 24(2), 211–231. <https://doi.org/10.1016/j.chc.2014.12.002>

Stephan, S. H., Weist, M., Kataoka, S., Adelsheim, S., & Mills, C. (2007). Transformation of children's mental health services: The role of school mental health. *Psychiatric Services*, 58(10), 1330-1338.

Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science*, 6(1), 3–17.

<https://doi.org/10.1177/2167702617723376>

U.S. Department of Education. (2011). *30th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2008* (No. ED06CO0062). Retrieved from Office of Special Education and Rehabilitative Services, Office of Special Education Programs website: <https://files.eric.ed.gov/fulltext/ED557417.pdf>

US Department of Health and Human Services. (2021). US Surgeon General issues advisory on youth mental health crisis further exposed by COVID-19 pandemic. *HHS.gov*.

Walker, S. C., Kerns, S. E. U., Lyon, A. R., Bruns, E. J., & Cosgrove, T. J. (2010). Impact of school-based health center use on academic outcomes. *Journal of Adolescent Health, 46*(3), 251–257. <https://doi.org/10.1016/j.jadohealth.2009.07.002>

Waschbusch, D., Breaux, R. P., & Babinski, D. (2019). School-based interventions for aggression and defiance in youth: A framework for evidence-based practice. *School Mental Health, 11*(1), 92–105. <https://doi.org/10.1007/s12310-0off18-9269-0>

Washington State Department of Health. (2021). *Washington State Healthy Youth Survey 2021 Analytic Report*. <https://www.askhys.net/Docs/HYS%202021%20Analytic%20Report%207-21-2022.pdf>

Werner-Seidler, A., Perry, Y., Calear, A. L., Newby, J. M., & Christensen, H. (2017). School-based depression and anxiety prevention programs for young people: A systematic review and meta-analysis. *Clinical Psychology Review, 51*, 30–47. <https://doi.org/10.1016/j.cpr.2016.10.005>

Zins, J. E., Weissberg, R. P., Wang, M. C., & Walberg, H. J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.

BASIC EDUCATIONAL STAFF CERTIFICATE: prepares social work students in the following subjects in a 15 hour virtual course

- Demonstrate an understanding of school and special education laws and policies (national, state, and local) and their application to decision-making processes in the educational settings.
- Understand and demonstrate knowledge of working within the culture of the schools, creating an environment that fosters safety, health, and learning for the students.
- Demonstrate knowledge of appropriate resources in the school setting.
- Demonstrate knowledge of collaboration with team members which may include parents, teachers, administrators, and other to support learning outcomes for all students.
- Demonstrate knowledge of how to support the outcomes for all students through strategies such as scientific-based practices, collaborative teaming, and ethical decision making.
- Use professional standards to inform professional growth planning.
- Demonstrate an understanding of the use of human, community, and technological resources.

ADVANCED EDUCATIONAL STAFF CERTIFICATE: Community of practice prepares social work students in MTSS, Interconnected Schools Framework, suicide prevention, inclusive practices in a 30 hour virtual course

- Demonstrate a knowledge of MTSS Positive Behavioral Intervention Supports, Interconnected Schools Framework and how these frameworks are operationalized within schools
- Demonstrate a knowledge comprehensive suicide prevention and the role of school social workers within this framework, practice suicide risk assessment and management and family engagement strategies
- Running skills groups, group facilitation
- Specific school-based mental health models such as Cognitive Behavioral Intervention for Trauma in Schools, Dialectical Behavior Therapy in Schools & Brief Intervention for School Clinicians
- Inclusive practices and culturally responsive practices

In-person Retreat and Networking event – 8 in-person hours: offers restorative practices, social justice skills training that can be used as a school social worker

**Ballmer Behavioral Health Scholarship Program
Washington State Behavioral Health Workforce Development Initiative
Three-Year Employment Student Agreement**

SAMPLE FOR DISCUSSION PURPOSES

Student Name:**University / Master's Program:****BHA FS#:**

This Student Agreement (hereinafter "Agreement") is between the University of Washington School of Social Work in Seattle as the overall *Washington State Behavioral Health Workforce Development Initiative* administrator, <>UNIVERSITY>>, and Student (hereinafter "Student" or "I").

IN CONSIDERATION OF THE MUTUAL COVENANTS AND AGREEMENTS CONTAINED HEREIN, THE UNIVERSITY OF WASHINGTON SCHOOL OF SOCIAL WORK IN SEATTLE AS OVERALL WASHINGTON STATE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT INITIATIVE ADMINISTRATOR, <>UNIVERSITY>>, AND STUDENT AGREE AS FOLLOWS:

To participate in the *Washington State Behavioral Health Workforce Development Initiative* (WDI) and receive financial assistance, the Student must be willing and able to sign this Agreement and agree to abide by all of its terms. The Student's signature shall serve as confirmation that they: 1) are entering into this Agreement freely and voluntarily; 2) have consulted with an attorney or obtained legal advice prior to signing this Agreement, if desired; and 3) understand their obligations under this Agreement.

By entering into this Agreement, I agree to participate in the WDI program through <>University>>, beginning on <>BEGIN_DATE>>, <>BEGIN_YEAR>>, and ending on or about <>END_DATE>>, <>END_YEAR>>.

Based on my current unmet financial need for the total cost of attendance which includes tuition, fees, room and board, and other living expenses, I will receive \$<>STIPEND_AMT>> from the WDI for Year 1 and an adjusted amount for Year 2 (and Year 3 if applicable) based on my updated FAFSA®/WASFA unmet need (a maximum of \$51,500). In order to accept this conditional grant, I agree to the following:

I. REVIEW AND ACKNOWLEDGMENT

Student will read and review the following statements to which Student agrees to be bound:

Section A: Prescreening and Program Provisions

1. I will disclose any criminal convictions entered after admission to the WDI. I understand that the WDI's discovery of my failure to disclose a criminal conviction may lead to dismissal from the WDI. I also understand that my WDI participation may be terminated if a criminal conviction results in disqualification from my graduate program.

2. I agree to submit to required criminal background checks during the application process at any time it is requested by my university's WDI program administrator.

3. I will maintain my status as a citizen or as a permanent resident of the U.S. during participation in the WDI, including my employment service period and to fulfill my employment commitment in Washington state.
4. I agree to meet the high standards of professional and ethical behavior required by my university and the WDI.
5. I will conduct my field education training at a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center approved by my university and in accordance with the WDI guidelines.
6. I understand that, prior to dropping a class, I must meet with my university's WDI program administrator to discuss any implications of dropping such class. Certain classes may not be available when I want to register for them, and this may impact my ability to complete the academic portion of the WDI as scheduled.
7. I agree to comply with and complete all courses, training, seminars, and field training placements that are designated by my university to satisfy the requirements of my academic program.
8. I will seek approval from my university's WDI program administrator prior to registering for a class that is outside my university's approved program of study.
9. I agree to maintain a passing cumulative grade point average and remain a "student in good standing" at all times as outlined by my university's student handbook.
10. I agree to notify my university's WDI program administrator if my expected graduation date changes due to completing required coursework early or late. I understand altering the graduation date may impact the financial assistance I receive.
11. I understand the WDI funding may vary, resulting in changes to the amount of financial assistance I receive during the periods covered by this Agreement. This funding amount will be determined by the WDI administrators after determining the amount of unmet need, and which will be determined prior to my signature.
12. I agree to participate in data collection activities and focus groups as a WDI participant. The information obtained will be used only for the purposes of program evaluation, program improvement, and systems level understanding. Data will be linked with state administrative data sets, and linked data will be de-identified for analysis to protect my privacy. All data will be kept confidential following university policies and best practices.
13. I will discuss field education training implications with my university's WDI program administrator prior to accepting any employment opportunities during the WDI.
14. I understand that I need to fulfill all degree requirements for graduation from my program of study to continue eligibility in the WDI. This includes both passing grades for my degree program and carrying out my field education training at a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center. If neither is completed successfully, I may be immediately dismissed from the WDI and be required to repay all financial assistance received.
15. I understand that when I am employed by a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center post-graduation, if, at any time during the required employment service period, the agency or center releases me from or terminates my employment for cause, I may be immediately dismissed from the WDI and be required to repay all financial assistance received.

Section B: Employment Search Requirements

1. I have successfully completed the WDI application process and understand that a condition of this financial aid requires that I work full-time in a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state for continuous service of 36 months beginning within two (2) months of graduation.
2. I agree to actively, seriously, and in good faith seek employment (within the specified timeframe in Section B #1) in a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state. I understand I will need to apply for qualifying positions statewide.
3. I understand that any offer of employment will depend on my qualifications, application, interview, references, background checks, and availability of positions at WDI-approved Medicaid-receiving community behavioral health agencies or tribal health centers in Washington state.
4. If I am not employed in a qualifying position within two (2) months of graduation, I may submit an exemption request to be released from the employment service period obligation. The request must be submitted in writing to the University of Washington School of Social Work WDI administrator within 15 business days following the end of the search period and must include documentation of my complete and comprehensive employment search during the two-month post-graduation period including position title, position location, date of application, date(s) of interview(s), and the outcome for each position sought during the employment search period. The University of Washington School of Social Work may release me from the employment service period obligation only if it is determined that the exemption is a product of an extenuating circumstance beyond my control. Each case will be considered by the University of Washington School of Social Work in consultation with my higher education program.
5. If I fail to obtain qualifying employment during the two (2) months after graduation, I will be required to repay financial assistance previously received per the terms of this contract in Section E.

Section C: Participant Employment Obligations

1. I understand and agree that if I am employed at a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state at the time of graduation, the employment service period begins on the date following graduation. If I am not an employee of a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state at the time of graduation, the employment service period begins immediately upon the date of employment with a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state.
2. I understand and agree the length of my employment service period is 36 months. The employment service period is not based on the monetary amount of financial assistance I receive.
3. Post-graduation part-time employment, if applicable, applies towards the employment service period on a prorated basis. For example, if I received assistance for two (2) semesters or more or three (3) quarters or more, I would be required to be employed full-time for 36 months, or, if employed part-time, at 20 hours per week, I would be required to work for 72 months after the completion of my graduate program.

4. Beginning immediately upon graduation, I will inform the University of Washington School of Social Work WDI administrator of any change in my name or address until such time as my employment service period obligation has been fulfilled or any amount owed under this agreement has been paid in full or otherwise discharged. I understand and agree to promptly provide this information in order to assist the University of Washington School of Social Work in fulfilling its obligation to track the employment record of students, for the purposes of determining the percentage of students who secure employment in the field of behavioral health and remain employed in the field.

5. During my employment service period, if I leave or I am released/terminated from my employment for any reason other than budget reductions, I understand and agree that I will be required to repay a prorated amount of financial assistance. The prorated amount will be calculated proportionally based on the number of months worked, the number of months remaining in the employment service period, and the total amount of financial assistance I received. For example, if I was employed full-time, each month of employment is credited as one (1) month of repayment towards the employment service period. Leaving a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state and returning to a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state at an undetermined later date would not reduce or eliminate the repayment obligation.

Section D: Tribal Employment Provisions

1. I understand that I must obtain written confirmation regarding my employment with a federally recognized tribe in Washington state in order to fulfill the employment service period obligation.

2. Once tribal employment is approved and obtained, I agree to provide the University of Washington School of Social Work WDI administrator with written notification of my employer, supervisor contact information, my position title, a job description, employment dates, and details about whether the position is full-time or part-time.

3. Throughout the employment service period, I agree to provide written verification of employment to the University of Washington School of Social Work WDI administrator every three (3) months or sooner, if requested.

Section E: Monetary Repayment Obligations

1. If I do not graduate or if I leave the WDI for any reason, I understand and agree that, within 30 days, I must make arrangements with the University of Washington School of Social Work WDI administrator to determine a repayment schedule for all financial assistance received through the WDI.

2. If I decline any appropriate employment, fail to qualify for an appropriate field education training placement or employment position, or I am terminated for any reason other than budgetary reductions prior to completion of the employment service requirement, I agree to repay all financial assistance previously provided.

3. By entering this Agreement with the University of Washington School of Social Work, in the event that I default either by disenrolling in the academic program or by the voluntary or involuntary termination of employment, I may be referred for collections.

4. I understand the University of Washington School of Social Work may allow an exemption from all or part of the obligation to repay all financial assistance received through the WDI when extenuating circumstances come to the University of Washington's attention. To be considered for an extenuating circumstances exemption, I must submit a request in writing, either by email or formal correspondence, to the University of Washington School of Social Work WDI administrator no more than 15 business days after the date the extenuating circumstance arises and must include detailed information and supporting documentation. The requested student exemption will be reviewed by an assigned impartial advisory group who will recommend a final decision to the University of Washington School of Social Work for consideration and determination of the exemption.

Section F: Student Information

1. I agree that my field education training site can share with my university's WDI program administrator all information regarding my educational training during my degree completion.
2. I agree to immediately notify my university's WDI program administrator of any personal or professional circumstance that could affect my ability to meet the requirements of this agreement while I am enrolled in the WDI.
3. I agree to provide notice (written or email) to my university's WDI program administrator within 15 business days of any change of address, telephone number, cell phone number, or email address while I am in the WDI.
4. I understand that failing to complete the degree or maintain good standing may result in termination of my financial assistance, and I would be required to repay all financial assistance received through the WDI.
5. I understand that failure to comply with any part of this participant agreement may lead to dismissal from the WDI, and I would be required to repay all financial assistance received through the WDI.

Section G: Evaluation Activities

1. WDI program evaluators may contact me periodically in discharging their duty to conduct evaluation activities regarding my experiences through the WDI. I am required to participate willingly and in good faith in these evaluation activities.
2. By signing this agreement, I hereby give consent to be contacted by evaluators for the purpose of conducting reasonable evaluation efforts and consent to participate in such efforts.
3. I agree to provide my university's WDI program administrator with permanent and updated contact information and permit contact for the purpose of evaluations during my degree enrollment.
4. I agree to provide the University of Washington School of Social Work WDI administrator with permanent and updated contact information and permit contact for the purpose of WDI program evaluations of my post-graduation experience during and after completion of my employment service period.

Section H: Obligations of the University of Washington School of Social Work

The University of Washington School of Social Work will:

1. Provide financial assistance to the Student through the WDI as administered by the University of Washington School of Social Work.
2. Assist the Student in seeking employment by making information available about local and state job openings and the application process.
3. Defer to partnering universities to conduct criminal background and any other checks required for field education training placement and/or employment.
4. Defer to partnering universities to confirm degree completion of WDI Students.
5. Unsatisfactory performance will be determined solely by the Student's university and/or by the field education training site/employer and will be communicated to the Student by either their university's WDI program administrator during their program of study or by the University of Washington School of Social Work's WDI administrator post-graduation. Prior to termination of future financial assistance, the training site/employer will give the Student 15 days' notice of the intent to suspend and/or terminate financial assistance.

II. TERM OF AGREEMENT

This Agreement shall remain in effect from the time the Student enters the WDI through completion of the Student's employment service period. Both the education and post-graduation period must be completed in Washington state.

III. AMENDMENT

This Agreement may be amended by mutual agreement of the Student, <>UNIVERSITY<>, and the University of Washington School of Social Work. Such amendments shall not be binding unless they are in writing and signed by the Student, <>UNIVERSITY<>, and the University of Washington School of Social Work.

IV. ASSURANCES

The Student, <>UNIVERSITY<>, and the University of Washington School of Social Work agree that all activity pursuant to this Agreement shall be in accordance with all applicable federal, state, and local laws, rules, and regulations as they currently exist or as amended.

V. INDEPENDENT CAPACITY

The employees or agents of <>UNIVERSITY<> and the University of Washington School of Social Work who are engaged in the performance of this Agreement shall continue to be employees or agents of their respective universities, and shall not be considered for any purpose to be employees or agents of the other.

VI. MAINTENANCE OF RECORDS

Records and other documents in any medium, furnished among the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work with respect to this Agreement, will remain the property of the furnishing party unless otherwise agreed. The receiving party will not disclose or make available any confidential information to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. The Student and the University of Washington School of Social Work will utilize reasonable security procedures and protections to assure that records and documents provided among them are not erroneously disclosed to third parties. However, the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work acknowledge that State Agencies are subject to chapter 42.56 RCW, the Public Records Act.

VII. DISPUTES

The Student, <<UNIVERSITY>>, and the University of Washington School of Social Work agree to work in good faith to resolve all conflicts at the lowest level possible. However, if the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work are not able to promptly and efficiently resolve, through direct informal contact, any dispute concerning the interpretation, application, or implementation of any section of this Agreement, the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work may reduce its description of the dispute in writing, and deliver it to the other parties for consideration. Once received, the Student, the assigned designees of <<UNIVERSITY>>, and the assigned designees of University of Washington School of Social Work will work to informally and amicably resolve the issue within five (5) business days. If the assigned designees of <<UNIVERSITY>> and the assigned designees of University of Washington School of Social Work are unable to come to a mutually acceptable decision within five (5) business days, they may agree to issue an extension to allow for more time.

VIII. GOVERNING LAW

This Agreement shall be construed and interpreted in accordance with the laws of the state of Washington, and the venue of any action brought under this Agreement shall be in Superior Court for King County unless otherwise indicated by the complaint.

IX. SEVERABILITY

If any term of this agreement is found to be illegal or unenforceable, the remaining terms shall not be affected or altered.

X. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work as to the Student's participation in the WDI. No other understanding, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work hereto.

XI. EFFECTIVE DATE OF AGREEMENT

This agreement is effective immediately upon full execution by the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work.

I have read and understand all the provisions of this agreement as stated above.

<i>Student Name (Printed):</i>	<i>Student Signature:</i>	
<i>Date of Birth:</i>	<i>Personal Email Address:</i>	<i>Date:</i>
<i>Current Address:</i>		
<i>Permanent Address:</i>		

<i>University Representative (Printed):</i>	
<i>University Representative Signature:</i>	<i>Date:</i>

<i>University of Washington School of Social Work WDI Representative Name (Printed):</i>	
<i>University of Washington School of Social Work WDI Representative Signature:</i>	<i>Date:</i>

**Ballmer Behavioral Health Scholarship Program
Washington State Behavioral Health Workforce Development Initiative
18-Month Employment Student Agreement**

SAMPLE FOR DISCUSSION PURPOSES

Student Name:**University / Master's Program:****BHA FS#:**

This Student Agreement (hereinafter "Agreement") is between the University of Washington School of Social Work in Seattle as the overall *Washington State Behavioral Health Workforce Development Initiative* administrator, <>UNIVERSITY>>, and Student (hereinafter "Student" or "I").

IN CONSIDERATION OF THE MUTUAL COVENANTS AND AGREEMENTS CONTAINED HEREIN, THE UNIVERSITY OF WASHINGTON SCHOOL OF SOCIAL WORK IN SEATTLE AS OVERALL WASHINGTON STATE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT INITIATIVE ADMINISTRATOR, <>UNIVERSITY>>, AND STUDENT AGREE AS FOLLOWS:

To participate in the *Washington State Behavioral Health Workforce Development Initiative* (WDI) and receive financial assistance, the Student must be willing and able to sign this Agreement and agree to abide by all of its terms. The Student's signature shall serve as confirmation that they: 1) are entering into this Agreement freely and voluntarily; 2) have consulted with an attorney or obtained legal advice prior to signing this Agreement, if desired; and 3) understand their obligations under this Agreement.

By entering into this Agreement, I agree to participate in the WDI program through <>University>>, beginning on <>BEGIN_DATE>>, <>BEGIN_YEAR>>, and ending on or about <>END_DATE>>, <>END_YEAR>>.

Based on my unmet financial need for the total cost of attendance which includes tuition, fees, room and board, and other living expenses, I will receive \$<>STIPEND_AMT>> from the WDI. In order to accept this conditional grant, I agree to the following:

I. REVIEW AND ACKNOWLEDGMENT

Student will read and review the following statements to which Student agrees to be bound:

Section A: Prescreening and Program Provisions

1. I will disclose any criminal convictions entered after admission to the WDI. I understand that the WDI's discovery of my failure to disclose a criminal conviction may lead to dismissal from the WDI. I also understand that my WDI participation may be terminated if a criminal conviction results in disqualification from my graduate program.

2. I agree to submit to required criminal background checks during the application process at any time it is requested by my university's WDI program administrator.

3. I will maintain my status as a citizen or as a permanent resident of the U.S. during participation in the WDI, including my employment service period and to fulfill my employment commitment in Washington state.
4. I agree to meet the high standards of professional and ethical behavior required by my university and the WDI.
5. I will conduct my field education training at a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center approved by my university and in accordance with the WDI guidelines.
6. I understand that, prior to dropping a class, I must meet with my university's WDI program administrator to discuss any implications of dropping such class. Certain classes may not be available when I want to register for them, and this may impact my ability to complete the academic portion of the WDI as scheduled.
7. I agree to comply with and complete all courses, training, seminars, and field training placements that are designated by my university to satisfy the requirements of my academic program.
8. I will seek approval from my university's WDI program administrator prior to registering for a class that is outside my university's approved program of study.
9. I agree to maintain a passing cumulative grade point average and remain a "student in good standing" at all times as outlined by my university's student handbook.
10. I agree to notify my university's WDI program administrator if my expected graduation date changes due to completing required coursework early or late. I understand altering the graduation date may impact the financial assistance I receive.
11. I understand the WDI funding may vary, resulting in changes to the amount of financial assistance I receive during the periods covered by this Agreement. This funding amount will be determined by the WDI administrators after determining the amount of unmet need, and which will be determined prior to my signature.
12. I agree to participate in data collection activities and focus groups as a WDI participant. The information obtained will be used only for the purposes of program evaluation, program improvement, and systems level understanding. Data will be linked with state administrative data sets, and linked data will be de-identified for analysis to protect my privacy. All data will be kept confidential following university policies and best practices.
13. I will discuss field education training implications with my university's WDI program administrator prior to accepting any employment opportunities during the WDI.
14. I understand that I need to fulfill all degree requirements for graduation from my program of study to continue eligibility in the WDI. This includes both passing grades for my degree program and carrying out my field education training at a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center. If neither is completed successfully, I may be immediately dismissed from the WDI and be required to repay all financial assistance received.
15. I understand that when I am employed by a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center post-graduation, if, at any time during the required employment service period, the agency or center releases me from or terminates my employment for cause, I may be immediately dismissed from the WDI and be required to repay all financial assistance received.

Section B: Employment Search Requirements

1. I have successfully completed the WDI application process and understand that a condition of this financial aid requires that I work full-time in a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state for continuous service of 18 months beginning within two (2) months of graduation.
2. I agree to actively, seriously, and in good faith seek employment (within the specified timeframe in Section B #1) in a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state. I understand I will need to apply for qualifying positions statewide.
3. I understand that any offer of employment will depend on my qualifications, application, interview, references, background checks, and availability of positions at WDI-approved Medicaid-receiving community behavioral health agencies or tribal health centers in Washington state.
4. If I am not employed in a qualifying position within two (2) months of graduation, I may submit an exemption request to be released from the employment service period obligation. The request must be submitted in writing to the University of Washington School of Social Work WDI administrator within 15 business days following the end of the search period and must include documentation of my complete and comprehensive employment search during the two-month post-graduation period including position title, position location, date of application, date(s) of interview(s), and the outcome for each position sought during the employment search period. The University of Washington School of Social Work may release me from the employment service period obligation only if it is determined that the exemption is a product of an extenuating circumstance beyond my control. Each case will be considered by the University of Washington School of Social Work in consultation with my higher education program.
5. If I fail to obtain qualifying employment during the two (2) months after graduation, I will be required to repay financial assistance previously received per the terms of this contract in Section E.

Section C: Participant Employment Obligations

1. I understand and agree that if I am employed at a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state at the time of graduation, the employment service period begins on the date following graduation. If I am not an employee of a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state at the time of graduation, the employment service period begins immediately upon the date of employment with a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state.
2. I understand and agree the length of my employment service period is 18 months. The employment service period is not based on the monetary amount of financial assistance I receive.
3. Post-graduation part-time employment, if applicable, applies towards the employment service period on a prorated basis. For example, if I received assistance for one (1) academic year, I would be required to be employed full-time for 18 months, or, if employed part-time, at 20 hours per week, I would be required to work for 36 months after the completion of my graduate program.

4. Beginning immediately upon graduation, I will inform the University of Washington School of Social Work WDI administrator of any change in my name or address until such time as my employment service period obligation has been fulfilled or any amount owed under this agreement has been paid in full or otherwise discharged. I understand and agree to promptly provide this information in order to assist the University of Washington School of Social Work in fulfilling its obligation to track the employment record of students, for the purposes of determining the percentage of students who secure employment in the field of behavioral health and remain employed in the field.

5. During my employment service period, if I leave or I am released/terminated from my employment for any reason other than budget reductions, I understand and agree that I will be required to repay a prorated amount of financial assistance. The prorated amount will be calculated proportionally based on the number of months worked, the number of months remaining in the employment service period, and the total amount of financial assistance I received. For example, if I was employed full-time, each month of employment is credited as one (1) month of repayment towards the employment service period. Leaving a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state and returning to a WDI-approved Medicaid-receiving community behavioral health agency or tribal health center in Washington state at an undetermined later date would not reduce or eliminate the repayment obligation.

Section D: Tribal Employment Provisions

1. I understand that I must obtain written confirmation regarding my employment with a federally recognized tribe in Washington state in order to fulfill the employment service period obligation.

2. Once tribal employment is approved and obtained, I agree to provide the University of Washington School of Social Work WDI administrator with written notification of my employer, supervisor contact information, my position title, a job description, employment dates, and details about whether the position is full-time or part-time.

3. Throughout the employment service period, I agree to provide written verification of employment to the University of Washington School of Social Work WDI administrator every three (3) months or sooner, if requested.

Section E: Monetary Repayment Obligations

1. If I do not graduate or if I leave the WDI for any reason, I understand and agree that, within 30 days, I must make arrangements with the University of Washington School of Social Work WDI administrator to determine a repayment schedule for all financial assistance received through the WDI.

2. If I decline any appropriate employment, fail to qualify for an appropriate field education training placement or employment position, or I am terminated for any reason other than budgetary reductions prior to completion of the employment service requirement, I agree to repay all financial assistance previously provided.

3. By entering this Agreement with the University of Washington School of Social Work, in the event that I default either by disenrolling in the academic program or by the voluntary or involuntary termination of employment, I may be referred for collections.

4. I understand the University of Washington School of Social Work may allow an exemption from all or part of the obligation to repay all financial assistance received through the WDI when extenuating circumstances come to the University of Washington's attention. To be considered for an extenuating circumstances exemption, I must submit a request in writing, either by email or formal correspondence, to the University of Washington School of Social Work WDI administrator no more than 15 business days after the date the extenuating circumstance arises and must include detailed information and supporting documentation. The requested student exemption will be reviewed by an assigned impartial advisory group who will recommend a final decision to the University of Washington School of Social Work for consideration and determination of the exemption.

Section F: Student Information

1. I agree that my field education training site can share with my university's WDI program administrator all information regarding my educational training during my degree completion.
2. I agree to immediately notify my university's WDI program administrator of any personal or professional circumstance that could affect my ability to meet the requirements of this agreement while I am enrolled in the WDI.
3. I agree to provide notice (written or email) to my university's WDI program administrator within 15 business days of any change of address, telephone number, cell phone number, or email address while I am in the WDI.
4. I understand that failing to complete the degree or maintain good standing may result in termination of my financial assistance, and I would be required to repay all financial assistance received through the WDI.
5. I understand that failure to comply with any part of this participant agreement may lead to dismissal from the WDI, and I would be required to repay all financial assistance received through the WDI.

Section G: Evaluation Activities

1. WDI evaluators may contact me periodically in discharging their duty to conduct evaluation activities regarding my experiences through the WDI. I am required to participate willingly and in good faith in these evaluation activities.
2. By signing this agreement, I hereby give consent to be contacted by evaluators for the purpose of conducting reasonable evaluation efforts and consent to participate in such efforts.
3. I agree to provide my university's WDI program administrator with permanent and updated contact information and permit contact for the purpose of evaluations during my degree enrollment.
4. I agree to provide the University of Washington School of Social Work WDI administrator with permanent and updated contact information and permit contact for the purpose of WDI program evaluations of my post-graduation experience during and after completion of my employment service period.

Section H: Obligations of the University of Washington School of Social Work

The University of Washington School of Social Work will:

1. Provide financial assistance to the Student through the WDI as administered by the University of Washington School of Social Work.
2. Assist the Student in seeking employment by making information available about local and state job openings and the application process.
3. Defer to partnering universities to conduct criminal background and any other checks required for field education training placement and/or employment.
4. Defer to partnering universities to confirm degree completion of WDI Students.
5. Unsatisfactory performance will be determined solely by the Student's university and/or by the field education training site/employer and will be communicated to the Student by either their university's WDI program administrator during their program of study or by the University of Washington School of Social Work's WDI administrator post-graduation. Prior to termination of future financial assistance, the training site/employer will give the Student 15 days' notice of the intent to suspend and/or terminate financial assistance.
- 6.
- 7.

II. TERM OF AGREEMENT

This Agreement shall remain in effect from the time the Student enters the WDI through completion of the Student's employment service period. Both the education and post-graduation period must be completed in Washington state.

III. AMENDMENT

This Agreement may be amended by mutual agreement of the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work. Such amendments shall not be binding unless they are in writing and signed by the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work.

IV. ASSURANCES

The Student, <<UNIVERSITY>>, and the University of Washington School of Social Work agree that all activity pursuant to this Agreement shall be in accordance with all applicable federal, state, and local laws, rules, and regulations as they currently exist or as amended.

V. INDEPENDENT CAPACITY

The employees or agents of <<UNIVERSITY>> and the University of Washington School of Social Work who are engaged in the performance of this Agreement shall continue to be employees or agents of their respective universities, and shall not be considered for any purpose to be employees or agents of the other.

VI. MAINTENANCE OF RECORDS

Records and other documents in any medium, furnished among the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work with respect to this Agreement, will remain the property of the furnishing party unless otherwise agreed. The receiving party will not disclose or make available any confidential information to any third parties without first giving notice to the furnishing party and giving it a reasonable opportunity to respond. The Student, and the University of Washington School of Social Work will utilize reasonable security procedures and protections to assure that records and documents provided among them are not erroneously disclosed to third parties. However, the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work acknowledge that State Agencies are subject to chapter 42.56 RCW, the Public Records Act.

VII. DISPUTES

The Student, <<UNIVERSITY>>, and the University of Washington School of Social Work agree to work in good faith to resolve all conflicts at the lowest level possible. However, if the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work are not able to promptly and efficiently resolve, through direct informal contact, any dispute concerning the interpretation, application, or implementation of any section of this Agreement, the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work may reduce its description of the dispute in writing, and deliver it to the other parties for consideration. Once received, the Student, the assigned designees of <<UNIVERSITY>>, and the assigned designees of University of Washington School of Social Work will work to informally and amicably resolve the issue within five (5) business days. If the assigned designees of <<UNIVERSITY>> and the assigned designees of University of Washington School of Social Work are unable to come to a mutually acceptable decision within five (5) business days, they may agree to issue an extension to allow for more time.

VIII. GOVERNING LAW

This Agreement shall be construed and interpreted in accordance with the laws of the state of Washington, and the venue of any action brought under this Agreement shall be in Superior Court for King County unless otherwise indicated by the complaint.

IX. SEVERABILITY

If any term of this agreement is found to be illegal or unenforceable, the remaining terms shall not be affected or altered.

X. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work as to the Student's participation in the WDI. No other understanding, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work hereto.

XI. EFFECTIVE DATE OF AGREEMENT

This agreement is effective immediately upon full execution by the Student, <<UNIVERSITY>>, and the University of Washington School of Social Work.

I have read and understand all the provisions of this agreement as stated above.

<i>Student Name (Printed):</i>	<i>Student Signature:</i>	
<i>Date of Birth:</i>	<i>Personal Email Address:</i>	<i>Date:</i>
<i>Current Address:</i>		
<i>Permanent Address:</i>		

<i>University Representative (Printed):</i>	
<i>University Representative Signature:</i>	<i>Date:</i>

<i>University of Washington School of Social Work WDI Representative Name (Printed):</i>	
<i>University of Washington School of Social Work WDI Representative Signature:</i>	<i>Date:</i>

Budget Narrative File(s)

* Mandatory Budget Narrative Filename: MHSP Budget Narrative FINAL.pdf

[Add Mandatory Budget Narrative](#)

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To add more Budget Narrative attachments, please use the attachment buttons below.

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BUDGET NARRATIVE
WA School Mental Health Services Project
University of Washington

PERSONNEL

Senior/Key Personnel

Eric Bruns, Ph.D., Principal Investigator (12% Year 1, 10% FTE, Years 2-5). Dr. Bruns will share with Dr. Stuber ultimate responsibility for meeting the goals for the school mental health services project. Working with Dr. Stuber, he will co-lead the Project Implementation Team (UW SMART, UW School of SW, OSPI), and state SMHSP Community of Practice. He will work with program staff to monitor progress toward program goals, coordinate with LEAs and IHEs to identify and leverage/solve opportunities and barriers, advise on the SMH curriculum. Working in collaboration with OSPI, Dr. Bruns will lead the development of criteria for new LEA sites as well as recruitment and selection for years 2-5. He will oversee the evaluation of the training program and progress and outcomes being achieved by school MH professionals (SMHPs) experiences during their practicum placement and school employment period.

Jennifer Stuber, Ph.D., Co-Principal Investigator (25% FTE in Years 1-5). Dr. Stuber will share responsibility for meeting programmatic goals with Dr. Bruns. She will oversee the work of the project implementation team and co-lead the Statewide SMHSP Community of Practice. She will ensure agreements with participating IHEs' (WA state schools of social work) are in place and that conditional scholarships are received and signed by recruited students. Dr. Stuber will work with the project implementation team to build well-supported cohorts of students who will be working in schools, ensuring delivery of monthly training to focus on inclusivity, school-based mental health, and suicide prevention and, that an annual gathering for recruited students is meaningfully executed. She will support development of the curricula and logistics for the training program building towards a certificate. On the practicum placement and employer side, Dr. Stuber will ensure LEA practicum sites are well prepared to support students and new employees in selected schools.

Jennifer Cohen, Director of Operations, UW SMART Center Training and TA Core (50% FTE, Year 1; 47.55%, Year 2; 37.5% Years 3-5), Ms. Cohen will manage operations of the WA SMHSP. She will oversee dissemination of IHE agreements to offer students conditional grants as well as provide nominal support to the IHEs for recruiting and placing students in high need LEAs. Ms. Cohen will also disperse service agreements to the high need LEAs to support their work in supervising school social work students during their practicums. She will supervise the Program Assistant, who will manage details of the above.

Casey Chandler, Research Coordinator (25% FTE, Years 1-5) Ms. Chandler, working with Dr. Bruns, will be responsible for data collection and analysis for evaluation activities including processes to evaluate the school mental health training, placement outcomes, and training for LEAs.

Ben DeHaan, Ph.D., (Associate Dean SSW) (3% FTE Years 1-5). Dr. DeHaan will provide subject matter expertise on conditional grants and support for navigating the University of Washington infrastructure.

Kelcey Schmitz, MSEd. (Director SMART Technical Assistant and Training Core) (20% FTE in Years 1-4; 17.5% Year 5). Ms. Schmidt will provide training and coaching to the high need LEAs who are providing supervision to the practicum students. This will consist of a weekly coaching session for all school social workers who are supervising students in their practicums. Ms. Schmidt will also provide input on the development of the certificate program that will cover core concepts in school mental health, inclusive practices, and suicide prevention.

Clynita Grafenreed, Ph.D. (Student Engagement Coordinator) (50% FTE in Years 1-5). Dr. Grafenreed will be the main point of contact for students in the SMHSP, lead the curriculum development for the certificate program in school mental health, and co-lead technical assistance to participating LEAs on Multi-Tiered System

of Supports (MTSS) and inclusive practices. She will lead the annual retreat to be attended by all participating MSW students.

Natalie Florez (Administrative Support). (40% FTE, Years 1-3; 30% Years 4-5) Working under the supervision of Ms. Cohen (Director of Operations), Ms. Florez will provide administrative activities for all aspects of the WA-SMHSP project. She will aid in scheduling meetings of the Implementation Team and Learning Community, overseeing disbursements to participating LEAs and IHEs (Schools of Social Work), and aid in the logistics of developing and managing the school mental health training certificate and annual retreat for participating SSW students.

FRINGE BENEFITS

For the UW team, Fringe Benefits are calculated at 24.1% for faculty (Bruns, Stuber, Dehann); 31.8% for professional staff (Brower, Schmidt, Cohen, Chandler) and 39.5% for classified (Florez). These rates are composed of varying rates for worker's compensation, health plans, retirement plans, social security, and Medicare.

SUPPLIES

Annual Retreat: Funds are requested for each project year's annual retreat, to convene faculty, representatives of LEAs, and participating MSW students, to be held at locations near the five schools of social work across the state. The retreat will last one full day and be inclusive of an evening reception the night before the retreat. We estimate the total cost of producing this event will be approximately \$15,000 per year, which will cover the costs of the meeting space, a reception, two meals for retreat attendees, guest speaker honoraria, and audio-visual rentals.

TRAVEL

Staff WA State Travel for Retreat and for Project Business: The retreat will be hosted at a different location in the state each year. Multiple faculty and staff will attend this event and will need to make trips to the various IHEs and LEAs across the state to carry out the scope of work for this project. We are budgeting for 10 trips for staff per year @ \$500 covering the costs of one-night hotel and per diem costs.

Student Travel Support for Retreat: Students receiving conditional grants will be required to attend the one day annual retreat. We are budgeting \$500 per student who has to travel beyond 50 miles for this event and estimate it will be approximately 10 students each year who will be eligible for travel support.

Conference Travel: Faculty will want to share the results and concept of this demonstration project at school mental health forum such as the National PBIS forum each year. We are budgeting for three faculty to attend conferences each year @ \$1,500 each to prevent papers and to share information with other demonstration sites.

CONTRACTUAL

Office of the Superintendent of Public Instruction (OSPI) School Social Worker Liaison (25%, TBN).

This staff person at OSPI (offer currently pending) will co-lead recruitment of LEAs and SSW students statewide through the array of communication outlets used by OSPI's Division of Student Engagement and Support; serve as a liaison to relevant Washington state education and youth mental health committees and subcommittees; inform opportunities for sustaining the initiative via legislation, funding provisos, OSPI decision packages, and complementary state and federal grants and other funding (e.g., Project AWARE, Title IV grants); and assist in formalizing the certificate program and in planning for sustainability of the state demonstration project. The SSW Liaison will also help in the selection of high need LEAs and provide course support for the training of students.

Funding for IHE's for recruitment: The five schools of social work will each receive \$1000 per student to offset staff costs to reach out to students who have indicated they want to be placed in a school for their specialist

practicum placement. They will make them aware of the conditional scholarship, training/certificate opportunities for students, and will share information for how they can apply. They will verify the financial need of students who have applied and co-sign agreements with students receiving conditional grants. They will place each conditional grant student within a high need LEA. Each school of social work will receive \$1000 for each student they support in this manner, for a total of \$20,000 per year.

Funding for the LEA for practicum supervision: Students will be placed in high need LEAs within 50 miles from their home and will be supervised by school social workers who are similarly trained and coached in school mental, inclusive practices, and suicide prevention. Each LEA will receive \$2,500 per student to offset supervisors' time to provide supervision.

OTHER COSTS

Tuition Grants to Students: Tuition support for the MSW students 25 SSW students per year via conditional grants for 2 years of tuition support to total \$600,000 per year.

INDIRECT COSTS

Facilities and administrative costs (indirect costs) are the basic expenses involved in running the University of Washington's research and program implementation infrastructure. For program implementation projects occurring on-campus, F&A is calculated using UW's federally negotiated 37% on-campus rate and an indirect cost base of Modified Total Direct Cost. The student conditional grants are not counted as part of the indirect rate.

Attachment: Indirect Cost Agreement